

Welcome to the *Blueprint Hospital Service Area (HSA) Profile* from the Blueprint for Health, a state-led initiative transforming the way that health care and comprehensive health services are delivered in Vermont. The Blueprint is leading a transition to an environment where all Vermonters have access to a continuum of seamless, effective, and preventive health services.

Blueprint HSA Profiles are based primarily on data from Vermont's all-payer claims database, the Vermont Health Care Uniform Reporting and Evaluation System (VHCURES). Data include all covered commercial, Full Medicaid, and Medicare members attributed to Blueprint practices that began participating on or before June 30, 2017.

Blueprint HSA Profiles for the adult population cover members ages 18 years and older; pediatric profiles cover members between the ages of 1 and 17 years. Practices have been rolled up to the HSA level.

Utilization and expenditure rates presented in these profiles have been risk adjusted for demographic and health status differences among the reported populations.

These profiles use three key sources of data: VHCURES, the Blueprint clinical data registry, and the Behavioral Risk Factor Surveillance Study (BRFSS), a telephone survey conducted annually by the Vermont Department of Health.

This reporting includes only members with a visit to a primary care physician, as identified in VHCURES claims data, during the current reporting year or the year prior. Rates for HSAs reporting fewer than 30 members for a measure are not presented in alignment with NCQA HEDIS guidelines.

Demographics & Health Status

	HSA	Statewide
Average Members	10,783	229,377
Average Age	53.2	52.0
% Female	54.9	55.7
% Medicaid	28.7	23.1
% Medicare	38.3	34.1
% Maternity	7.9	7.1
% with Selected Chronic Conditions	48.1	43.1
Health Status (CRG)		
% Healthy	23.1	25.3
% Acute or Minor Chronic	12.7	14.7
% Moderate Chronic	27.2	26.7
% Significant Chronic	34.5	31.0
% Cancer or Catastrophic	2.4	2.2

Table 1: This table provides comparative information on the demographics and health status of the specified HSA and of the state as a whole. Included measures reflect the types of information used to generate adjusted rates: age, gender, maternity status, and health status.

Average Members serves as this table's denominator and adjusts for partial lengths of enrollment during the year. In addition, special attention has been given to adjusting for Medicaid and Medicare. This includes adjustment for each member's enrollment in Medicaid or Medicare, the member's HSA's percentage of membership that was Medicaid or Medicare, Medicare disability or end-stage renal disease status, and the degree to which the member required special Medicaid services that are not found in commercial populations (e.g., day treatment, residential treatment, case management, school-based services, and transportation).

The % with Selected Chronic Conditions measure indicates the proportion of members identified through the claims data as having one or more of seven selected chronic conditions: asthma, chronic obstructive pulmonary disease, congestive heart failure (CHF), coronary heart disease, hypertension, diabetes, and depression.

The Health Status (CRG) measure aggregates 3M™ Clinical Risk Grouper (CRG) classifications for the year for the purpose of generating adjusted rates. Aggregated risk classification groups include: Healthy, Acute (e.g., ear, nose, throat infection) or Minor Chronic (e.g., minor chronic joint pain), Moderate Chronic (e.g., diabetes), Significant Chronic (e.g., diabetes and CHF), and Cancer (e.g., breast cancer, colorectal cancer) or Catastrophic (e.g., HIV, muscular dystrophy, cystic fibrosis). CRG identification was enhanced using additional diagnostic and pharmacy information for RY2017 reporting, resulting in fewer healthy members and more members with chronic and other conditions.

Total Expenditures per Capita

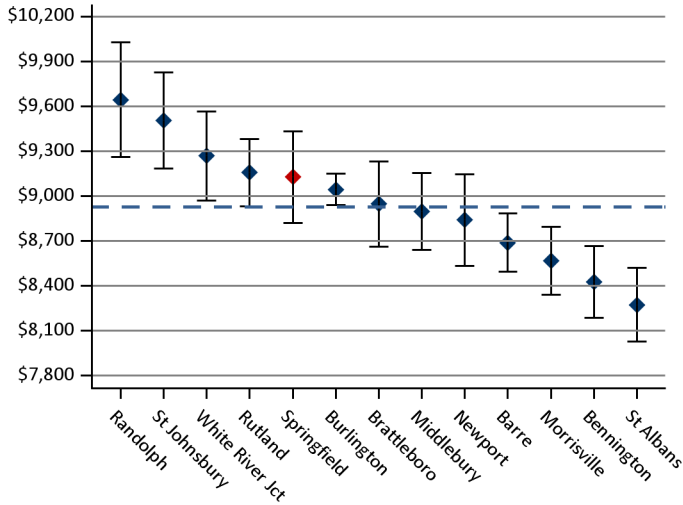


Figure 1: Presents annual risk-adjusted rates, including 95% confidence intervals, with expenditures capped statewide for outlier patients. Expenditures include both plan payments and member out-of-pocket payments (i.e., copay, coinsurance, and deductible). The blue dashed line indicates the statewide average.

Total Expenditures per Capita by Major Category

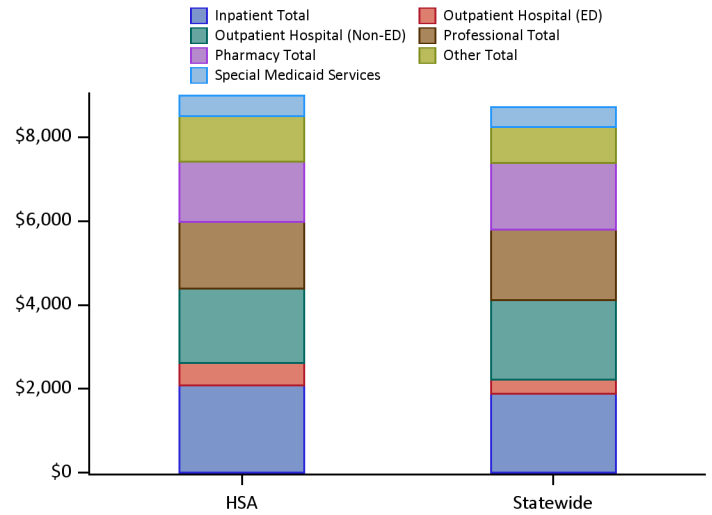


Figure 2: Presents annual risk-adjusted rates for the major components of cost (as shown in Figure 1) with expenditures capped statewide for outlier patients. Some services provided by Medicaid (e.g., case management, transportation) are reported separately as Special Medicaid Services (SMS).

Total Expenditures per Capita (Excluding SMS)

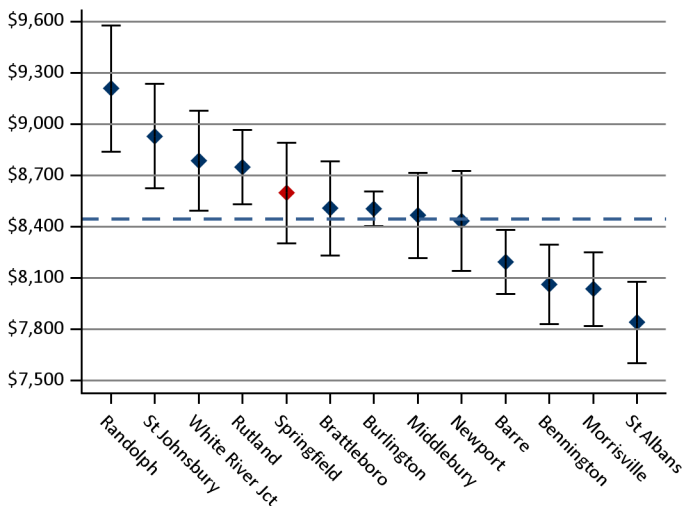


Figure 3: Presents annual risk-adjusted rates, including 95% confidence intervals, with expenditures capped statewide for outlier patients. Expenditures include both plan payments and member out-of-pocket payments (i.e., copay, coinsurance, and deductible) and exclude Special Medicaid Services. The blue dashed line indicates the statewide average.

Total Resource Use Index (RUI) (Excluding SMS)

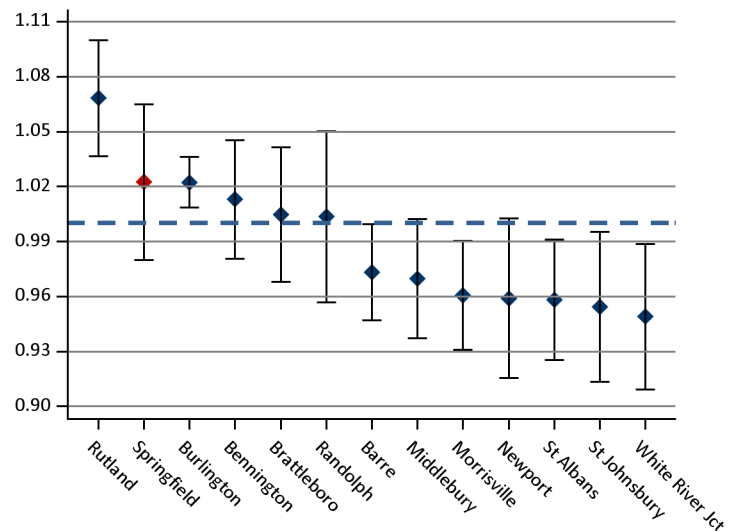


Figure 4: Presents annual risk-adjusted rates, including 95% confidence intervals. Since price per service varies widely, a measure of expenditures based on resource use — Total Resource Use Index (RUI) — is included. RUI reflects an aggregated capped cost based on utilization and intensity of services across major components of care and excludes Special Medicaid Services. The HSAs are indexed to the statewide average (1.00), which is indicated by the blue dashed line.

Annual Total Expenditures per Capita vs. Resource Use Index (RUI)

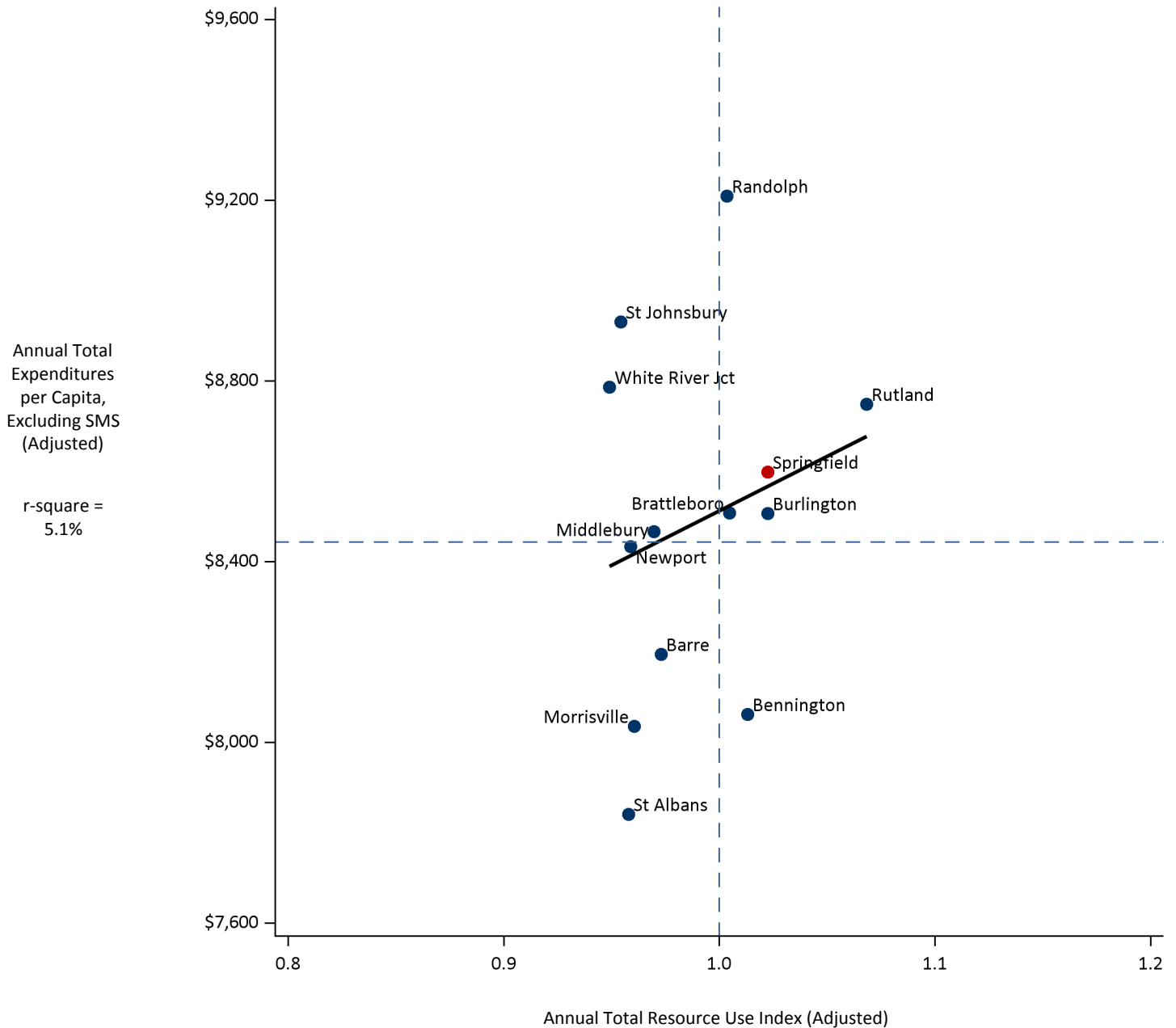
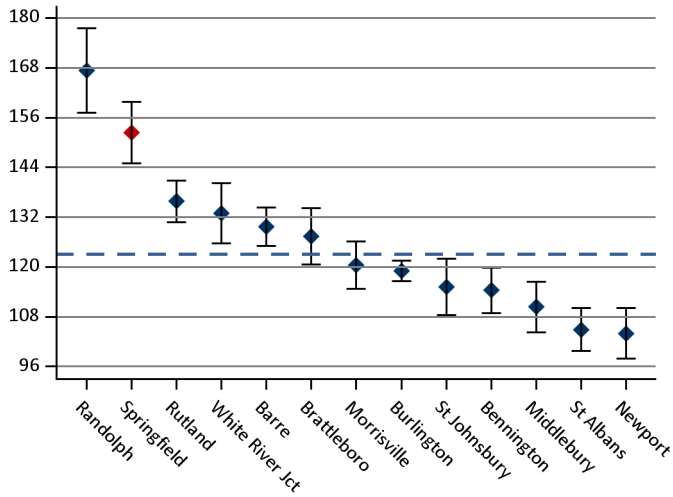


Figure 5: This graphic demonstrates the relationship between risk-adjusted expenditures, excluding SMS, and risk-adjusted utilization for each of the HSAs in Vermont. This graphic illustrates the specified HSA's risk-adjusted rate (i.e., the red dot) compared to those of all other HSAs statewide (i.e., the blue dots). The dashed lines show the average expenditures per capita and average Resource Use Index statewide (i.e., 1.0). HSAs with higher expenditures and utilization are in the upper right-hand quadrant, while HSAs with lower expenditures and utilization are in the lower left-hand quadrant. An RUI value greater than 1.0 indicates higher than average utilization; conversely, a value lower than 1.0 indicates lower than average utilization. A trend line has been included in the graphic, which demonstrates that, in general, HSAs with higher risk-adjusted utilization had higher risk-adjusted expenditures.

Legend

- Springfield
- All other Blueprint HSAs statewide

Inpatient Discharges



Outpatient ED Visits

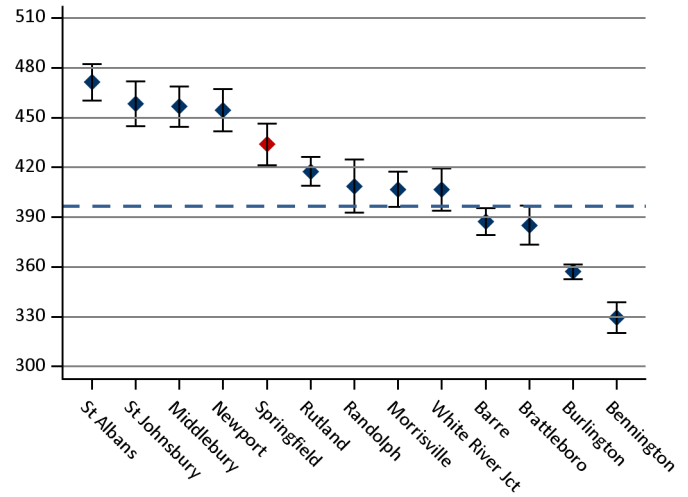


Figure 6: Presents annual risk-adjusted rates, including 95% confidence intervals, of inpatient discharges per 1,000 members. Additional detail measures for inpatient utilization — Inpatient Days, and Preventive Quality Indicators — can be found in Table 6. The blue dashed line indicates the statewide average.

Figure 7: Presents annual risk-adjusted rates, including 95% confidence intervals, of outpatient emergency department (ED) visits per 1,000 members. An additional detail measure — Outpatient Potentially Avoidable ED Visits — can be found in Table 5. The blue dashed line indicates the statewide average.

Advanced Imaging (MRIs, CT Scans)

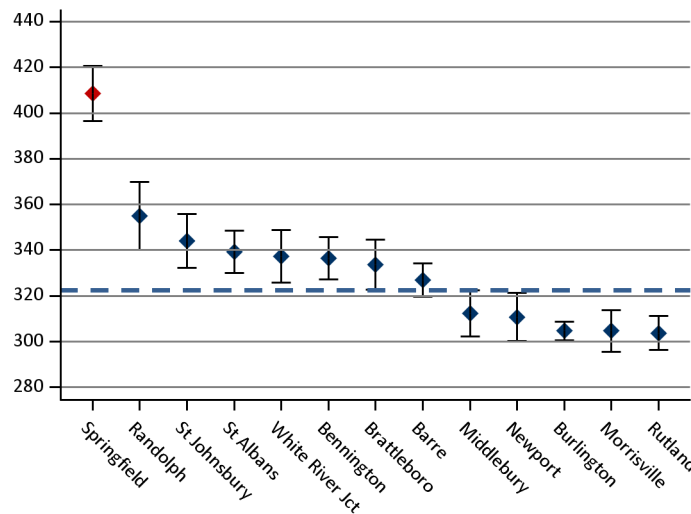


Figure 8: Presents annual risk-adjusted rates, including 95% confidence intervals, of advanced imaging diagnostic tests (i.e., magnetic resonance imagings (MRIs) and computed tomography (CT) scans) per 1,000 members. The blue dashed line indicates the statewide average.

Diabetes: HbA1c Testing

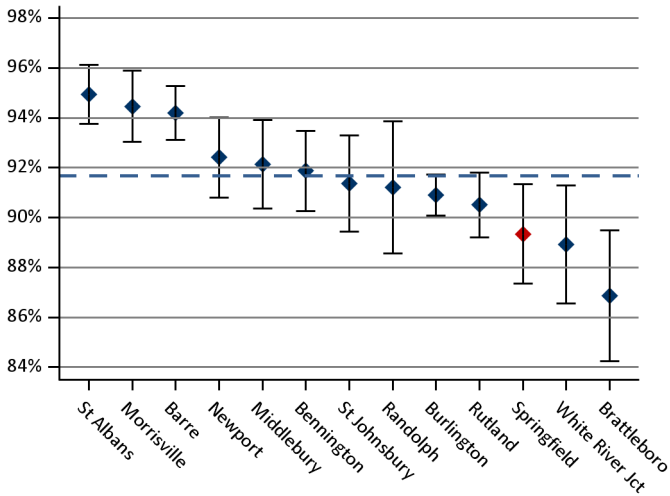


Figure 9: Presents the proportion, including 95% confidence intervals, of continuously enrolled members with diabetes, ages 18–75 years, that received a hemoglobin A1c test during the measurement year. The blue dashed line indicates the statewide average.

Diabetes: HbA1c Not in Control (Core-17, MSSP-27)

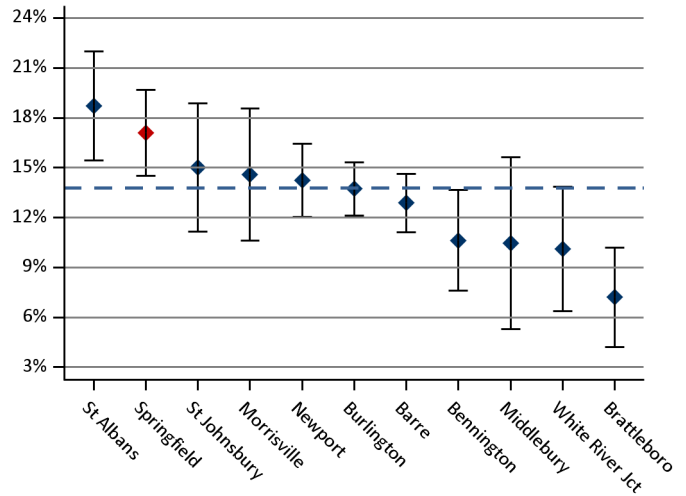


Figure 10: Presents the proportion, including 95% confidence intervals, of continuously enrolled members with diabetes, ages 18–75 years, whose last recorded hemoglobin A1c test in the Blueprint clinical data registry was in poor control (>9%). Members with diabetes were identified using claims data. The denominator was then restricted to those with clinical results for at least one hemoglobin A1c test during the measurement year. The blue dashed line indicates the statewide average.

Diabetes: Eye Exam

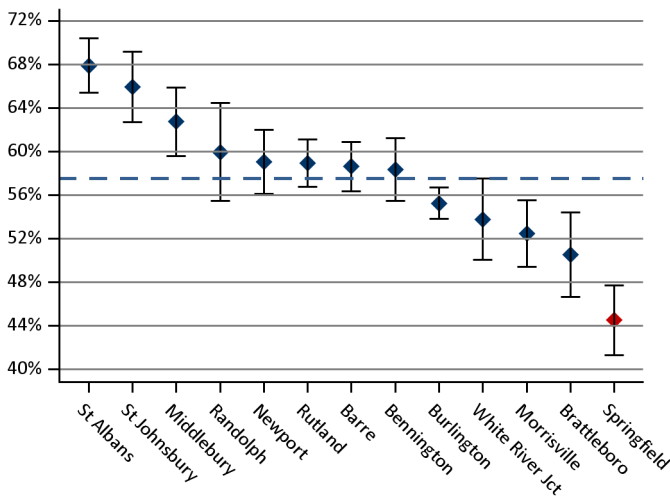


Figure 11: Presents the proportion, including 95% confidence intervals, of continuously enrolled members with diabetes, ages 18–75 years, that received an eye screening for diabetic retinal disease during the measurement year. The blue dashed line indicates the statewide average.

Diabetes Care Two-Part Composite (Core-53)

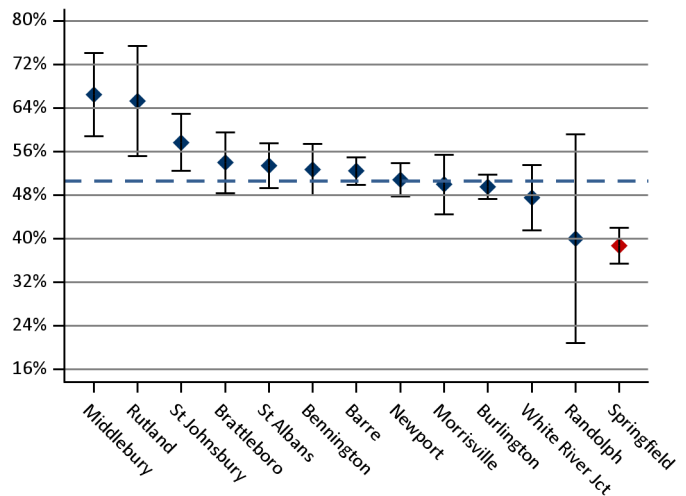


Figure 12: Presents the proportion, including 95% confidence intervals, of continuously enrolled members with diabetes, ages 18–75 years, that had a valid HbA1c ≤9% and received an eye screening for diabetic retinal disease during the measurement year. The blue dashed line indicates the statewide average.

Tobacco Use Screening*

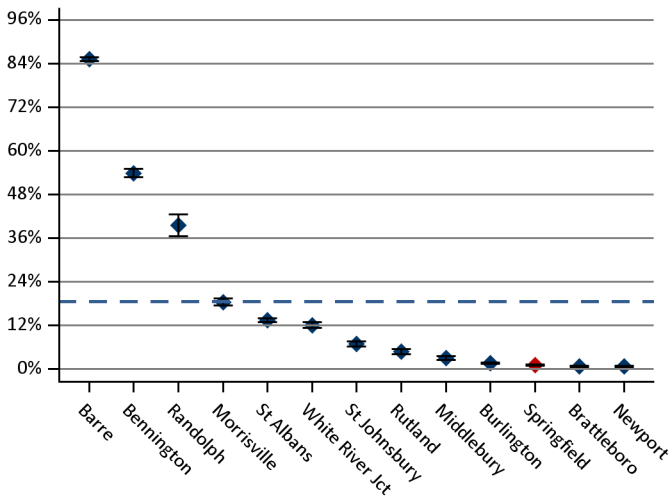


Figure 13: Presents the proportion, including 95% confidence intervals, of continuously enrolled members, ages 18 years and older, that were screened for tobacco use one or more times within a two-year lookback period and that received cessation counseling intervention. This figure includes only practices providing clinical data to the Vermont Clinical Registry. The blue dashed line indicates the statewide average.

Medication Management for People With Asthma*

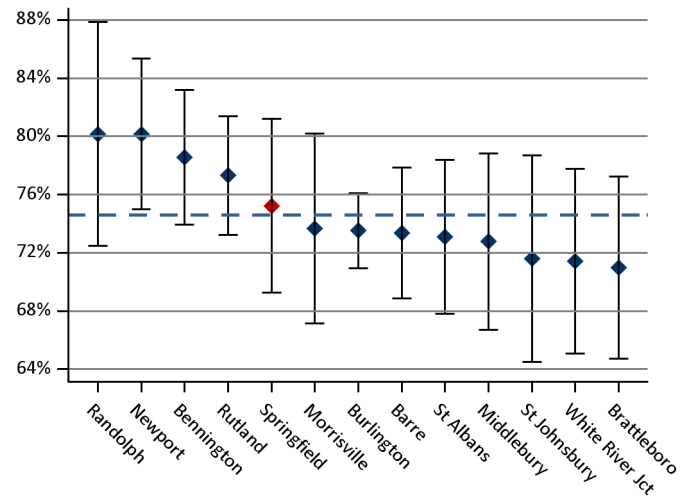


Figure 14: Presents the proportion, including 95% confidence intervals, of continuously enrolled members, ages 18–85 years, that were identified as having persistent asthma and were dispensed appropriate asthma controller medications that they remained on for at least 50 percent of their treatment period. The blue dashed line indicates the statewide average.

Screening for Clinical Depression*

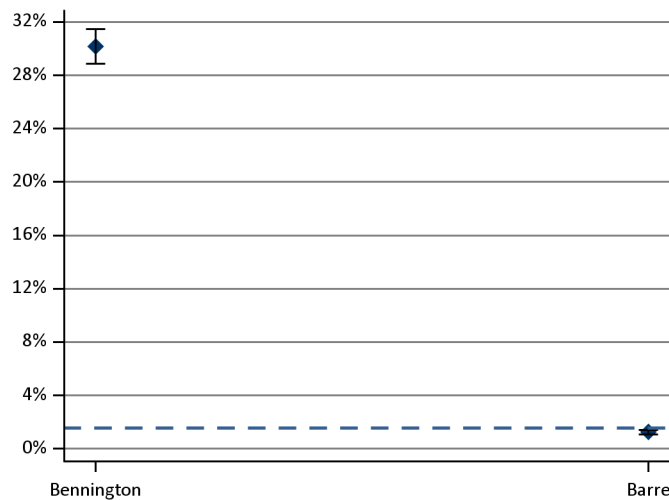


Figure 15: Presents the proportion, including 95% confidence intervals, of continuously enrolled members, ages 18 years and older, that were screened for clinical depression on the date of encounter using an age-appropriate standardized depression screening tool. This figure includes only practices providing clinical data to the Vermont Clinical Registry. The blue dashed line indicates the statewide average.

*This measure is part of the quality framework for evaluating health outcomes in a value-based system (Vermont's All-Payer ACO Model)

Follow-Up After Discharge from ED for Alcohol and Other Drug Dependence*

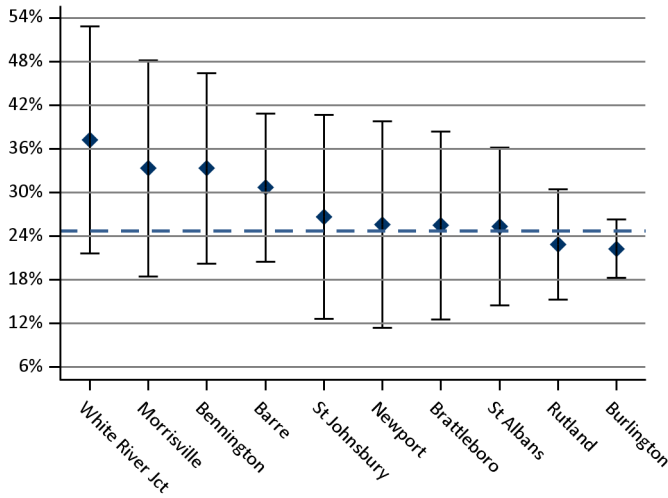


Figure 16: Presents the proportion, including 95% confidence intervals, of ED visits for members 18 years of age and older with a principal diagnosis of alcohol or other drug (AOD) dependence, who had a follow up visit for AOD within 30 days of the ED visit. The blue dashed line indicates the statewide average.

Follow-Up After Discharge From ED for Mental Health*

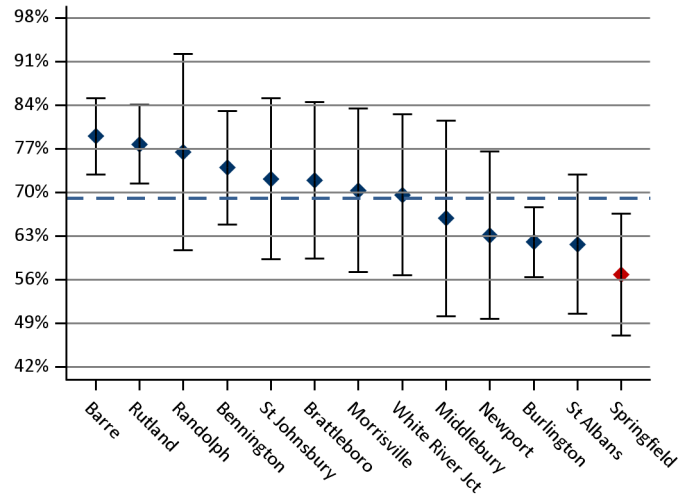


Figure 17: Presents the proportion, including 95% confidence intervals, of ED visits for members 18 years of age and older with a principal diagnosis of mental illness, who had a follow up visit for mental health within 30 days of the ED visit. The blue dashed line indicates the statewide average.

*This measure is part of the quality framework for evaluating health outcomes in a value-based system (Vermont's All-Payer ACO Model)

Comparison of Patients by HbA1c Control Status, Statewide

Metric	Diabetes A1c in Control	Diabetes A1c not in Control
Members	6537	2010
Annual expenditures per capita	\$16,612 (\$16,117, \$17,108)	\$17,136 (\$16,238, \$18,033)
Inpatient hospitalizations per 1,000 members	237.1 (225.2, 248.9)	251.5 (229.5, 273.5)
Inpatient days per 1,000 members	1187.0 (1160.5, 1213.5)	1234.1 (1185.4, 1282.9)
Outpatient ED visits per 1,000 members	664.9 (645.0, 684.8)	813.7 (774.1, 853.3)

Note: Risk-adjusted rates with 95% confidence intervals are provided in parentheses. Outliers beyond the 99th percentile have been excluded.

Table 2: Presents a comparison of health care expenditures and utilization in the measurement year for continuously enrolled members, ages 18–75 years, whose diabetes hemoglobin A1c was in control ($\leq 9\%$) compared to those with poor control ($>9\%$). Rates have been adjusted for age, gender, and health status. The rates in this table are presented at the state level only. Members with poor control had statistically significant higher total expenditures, inpatient hospitalizations, inpatient days, and outpatient ED visits.

Diabetes: Nephropathy Screening

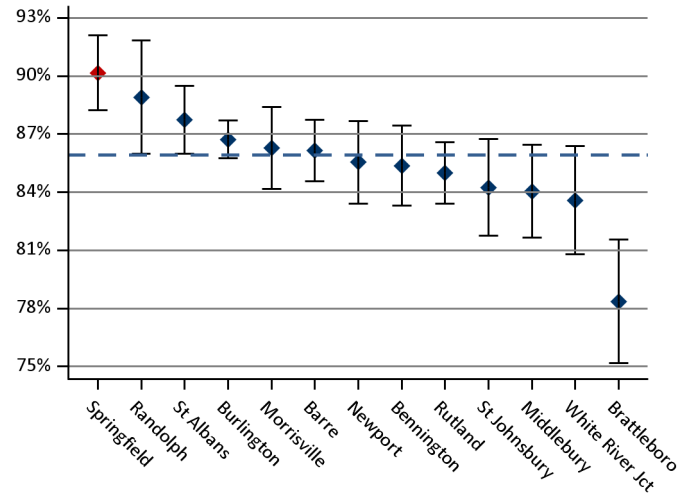


Figure 18: Presents the proportion, including 95% confidence intervals, of continuously enrolled members with diabetes, ages 18–75 years, that had a nephropathy screening test or evidence of nephropathy documented in the claims data. The blue dashed line indicates the statewide average.

Diabetes: Tobacco Non-Use (MSSP-25)

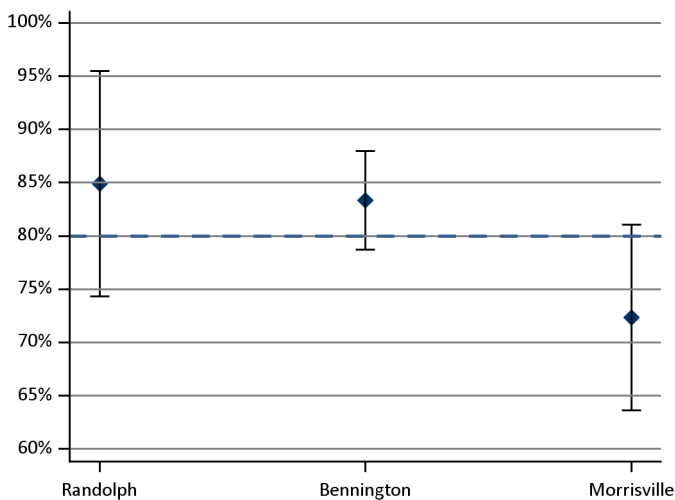


Figure 19: Presents the proportion, including 95% confidence intervals, of continuously enrolled members with diabetes, ages 18–75 years, documented as tobacco non-users in the Blueprint clinical data registry. Members with diabetes were identified using claims data. The denominator was then restricted to those with clinical results for tobacco non-use during the measurement year. The blue dashed line indicates the statewide average.

Diabetes: Blood Pressure in Control (MSSP-24)

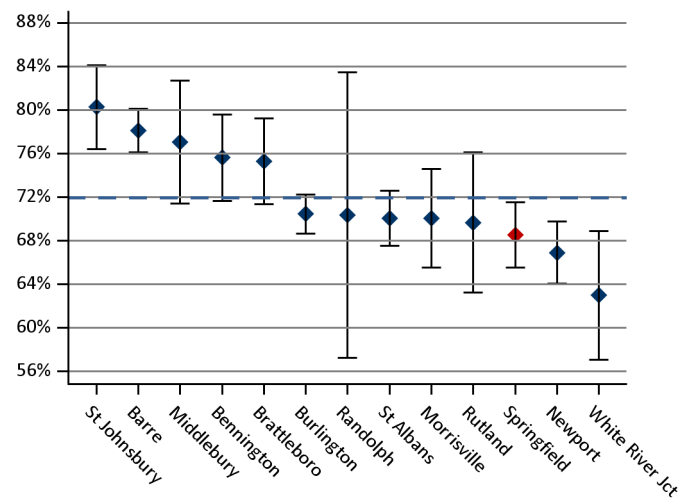


Figure 20: Presents the proportion, including 95% confidence intervals, of continuously enrolled members with diabetes, ages 18–75 years, whose last recorded blood pressure measurement in the Blueprint clinical data registry was in control (<140/90 mmHg). Members with diabetes were identified using claims data. The denominator was then restricted to those with clinical results for at least one blood pressure test during the measurement year. The blue dashed line indicates the statewide average.

Linked Clinical Data: Obesity, Hypertension, & HbA1c

Measure (N = Count of distinct members)	HSA N=11,842	Statewide N=250,844
	Rate %	Rate %
% linked to clinical data	88%	54%
% with BMI data	84%	37%
% meeting obesity criteria	41%	39%
% with blood pressure data	85%	46%
% meeting hypertension criteria	23%	21%
% with BMI and blood pressure data	84%	37%
% meeting obesity and hypertension criteria	11%	10%

Measure (N = Count of distinct members with diabetes)	HSA N=991	Statewide N=18,231
	Rate %	Rate %
% linked to clinical data	97%	66%
% with BMI data	96%	47%
% meeting obesity criteria	68%	69%
% with blood pressure data	96%	55%
% meeting hypertension criteria	30%	28%
% with valid HbA1c	86%	43%
% with HbA1c >9%	15%	6%

Table 3: Presents the proportion of total distinct members and distinct members with diabetes with claims linked to clinical data, valid body mass index (BMI), blood pressure, and HbA1c data meeting the criteria for obesity (BMI ≥ 30.0), hypertension (mmHg ≥ 140/90), and HbA1c >9%.

Hypertension: Blood Pressure in Control (Core-39, MSSP-28)

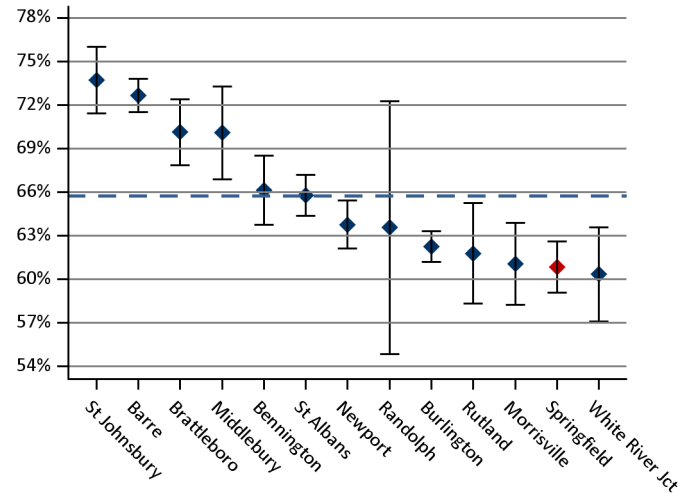


Figure 21: Presents the proportion, including 95% confidence intervals, of continuously enrolled members with hypertension, ages 18–85 years, whose last recorded blood pressure measurement in the Blueprint clinical data registry was in control (<140/90 mmHg). Members with hypertension were identified using claims data. The denominator was then restricted to those with clinical results for a blood pressure reading during the measurement year. The blue dashed line indicates the statewide average.

Imaging Studies for Low Back Pain

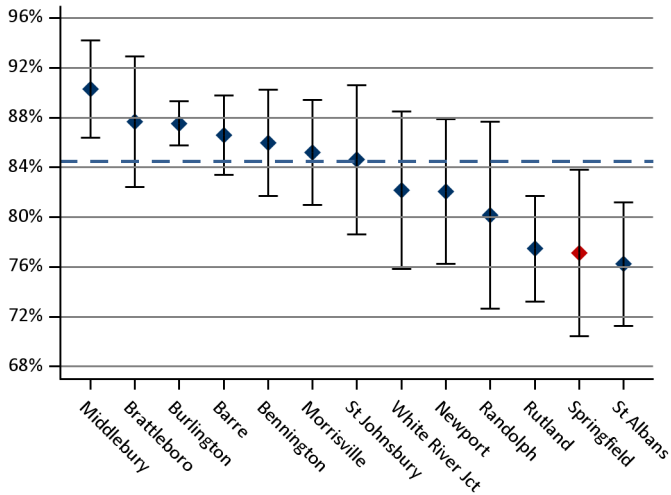


Figure 22: Presents the proportion, including 95% confidence intervals, of continuously enrolled members, ages 18–50 years, that received a primary diagnosis of low back pain and appropriately did not have an imaging study (e.g., plain X-Ray, CT scan, MRI) within 28 days of the diagnosis. This is an inverted measure for which a higher score indicates appropriate treatment (i.e., imaging did not occur). The blue dashed line indicates the statewide average.

Cervical Cancer Screening (Core-30)

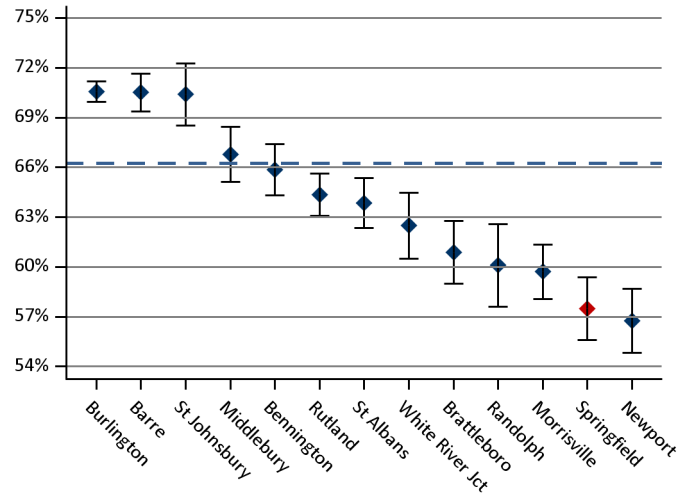


Figure 23: Presents the proportion, including 95% confidence intervals, of continuously enrolled female members, ages 21–64 years, that received one or more Papanicolaou (Pap) tests to screen for cervical cancer during the measurement year or the two years prior to the measurement year. The blue dashed line indicates the statewide average.

Chlamydia Screening (Core-7)

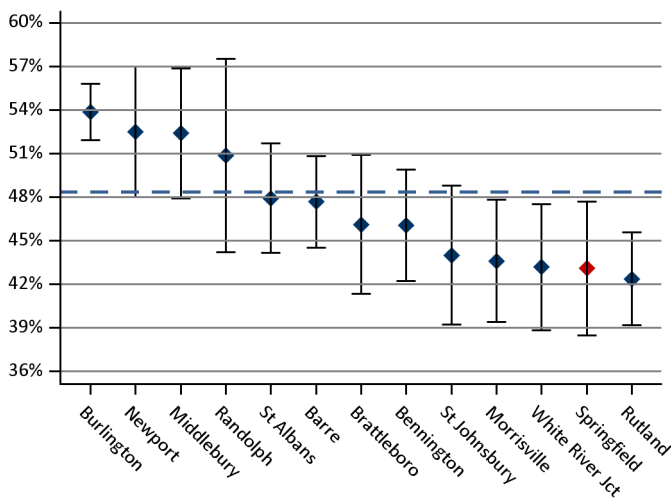


Figure 24: Presents the proportion, including 95% confidence intervals, of continuously enrolled women, ages 16–24 years, identified as sexually active during the measurement year that received at least one test for chlamydia during the measurement year or the year prior to the measurement year. (Note that, due to the age ranges for this ACO measure, women below the age of 18 years, not typically represented in adult profiles, have been included in these rates.) The blue dashed line indicates the statewide average.

Breast Cancer Screening (Core-11, MSSP-20)

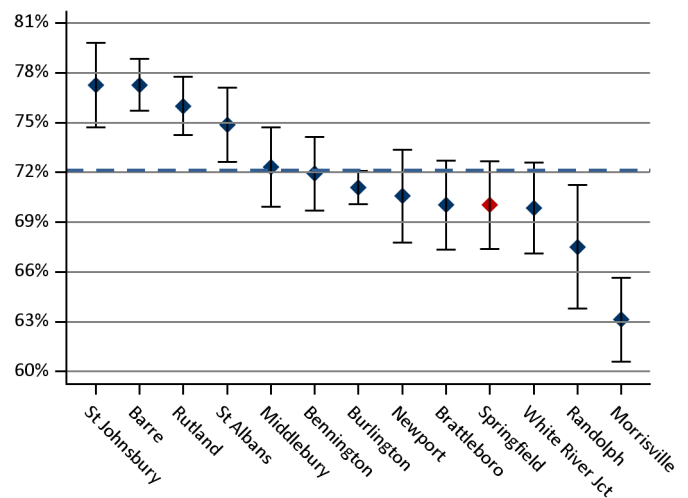


Figure 25: Presents the proportion, including 95% confidence intervals, of continuously enrolled women, ages 52–64 years, that had a mammogram to screen for breast cancer during the measurement year or the year prior to the measurement year. The blue dashed line indicates the statewide average.

Plan All-Cause Readmissions (Core-1)

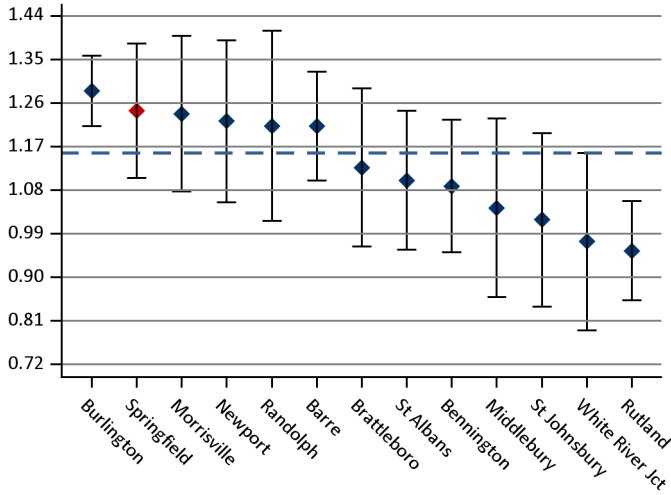


Figure 26: Presents the relative rate, including 95% confidence intervals, of continuously enrolled members, ages 18 years and older, that had an inpatient stay that was followed by an acute readmission for any diagnosis within 30 days during the measurement year. The rate is expressed as a ratio of observed to expected readmissions where the expected number of readmissions has been risk adjusted. The blue dashed line indicates the statewide average. HEDIS specifications have changed.

Follow-Up After Hospitalization for Mental Illness (Core-4)

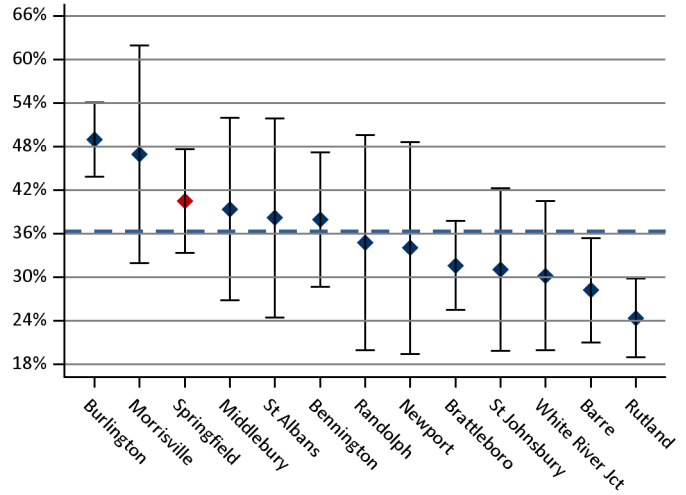


Figure 27: Presents the proportion, including 95% confidence intervals, of continuously enrolled members, ages 6 years and older, hospitalized for mental illness with an intensive outpatient encounter or partial hospitalization with a mental health practitioner and a follow-up visit within seven days of discharge. The blue dashed line indicates the statewide average.

Initiation of Alcohol/Drug Treatment (Core-5a)

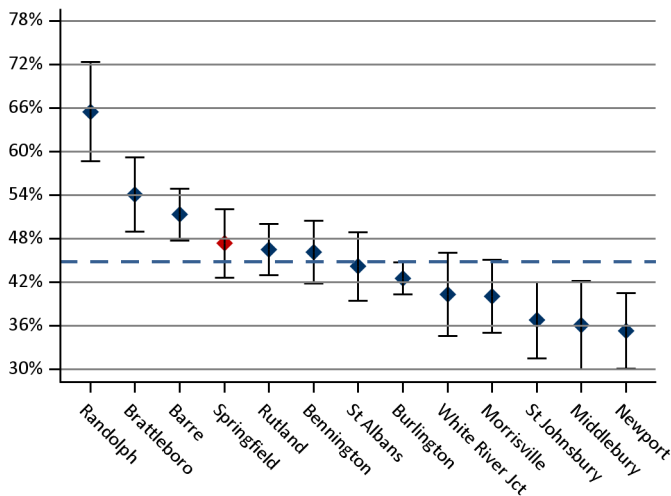


Figure 28: Presents the proportion, including 95% confidence intervals, of continuously enrolled members, ages 18 years and older, that had their initial treatment through an inpatient alcohol or other drug (AOD) admission, outpatient visit, intensive outpatient encounter, or partial hospitalization within 14 days of the diagnosis. The blue dashed line indicates the statewide average.

Engagement of Alcohol/Drug Treatment (Core-5b)

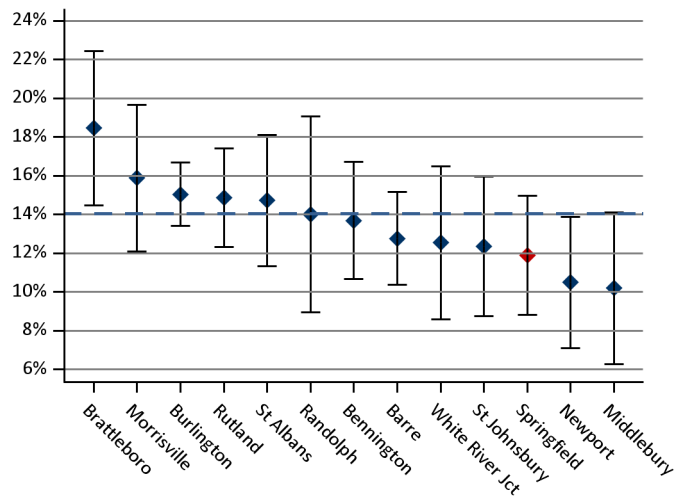


Figure 29: Presents the proportion, including 95% confidence intervals, of continuously enrolled members, ages 18 years and older, that had their initial treatment and then had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit. The blue dashed line indicates the statewide average.

Cholesterol Management, Cardiac (Core-3, MSSP-29)

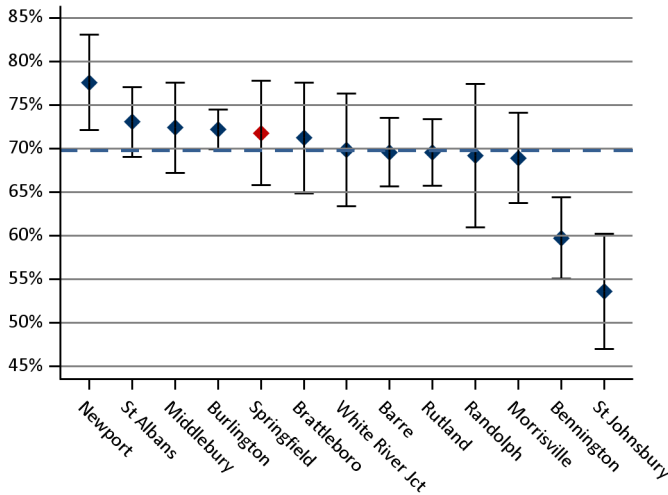


Figure 30: Presents the proportion, including 95% confidence intervals, of continuously enrolled members, ages 18–75 years, discharged alive after treatment for acute myocardial infarction (AMI), coronary artery bypass grafting (CABG), or percutaneous coronary intervention (PCI) in the year prior to the measurement year or with a diagnosis of ischemic vascular disease (IVD) during the measurement year and year prior and with an LDL-C screening during the measurement year. The blue dashed line indicates the statewide average.

Avoidance of Antibiotic Treatment, Acute Bronchitis (Core-6)

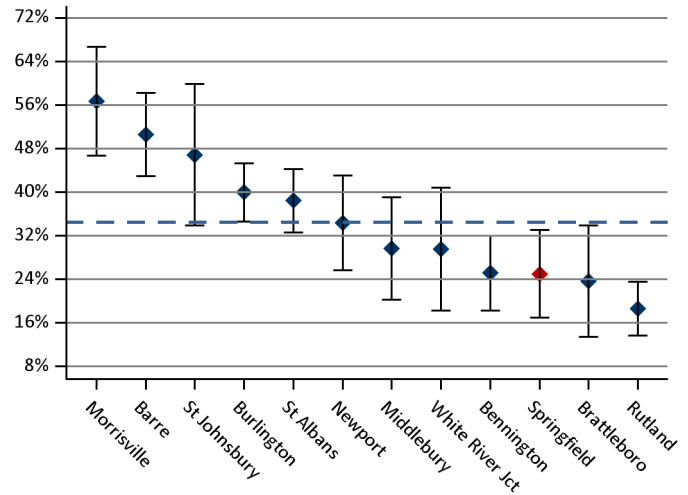


Figure 31: Presents the proportion, including 95% confidence intervals, of continuously enrolled members, ages 18–64 years, that received a diagnosis of acute bronchitis but was not dispensed an antibiotic prescription. The blue dashed line indicates the statewide average.

Influenza Vaccination (Core-35, MSSP-14)

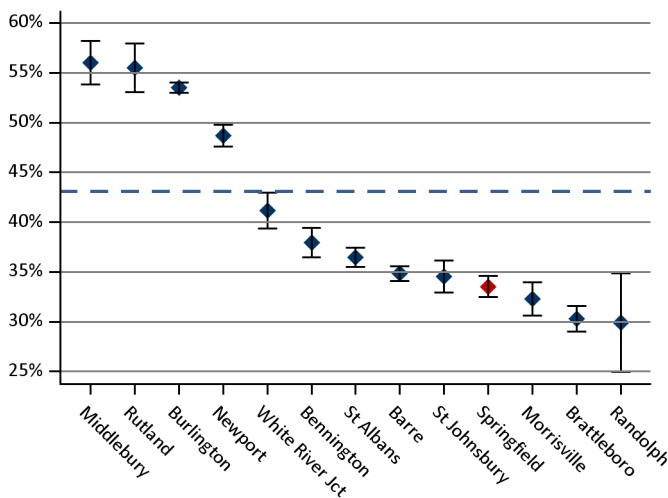


Figure 32: Presents the proportion, including 95% confidence intervals, of continuously enrolled members, ages six months and older, that received an influenza immunization from October 1 of the prior year through March 31 of the measurement year. Immunizations were identified in the medical claims or, if available, in the Blueprint clinical data registry. The blue dashed line indicates the statewide average.

Pneumonia Vaccination (Core-48, MSSP-15)

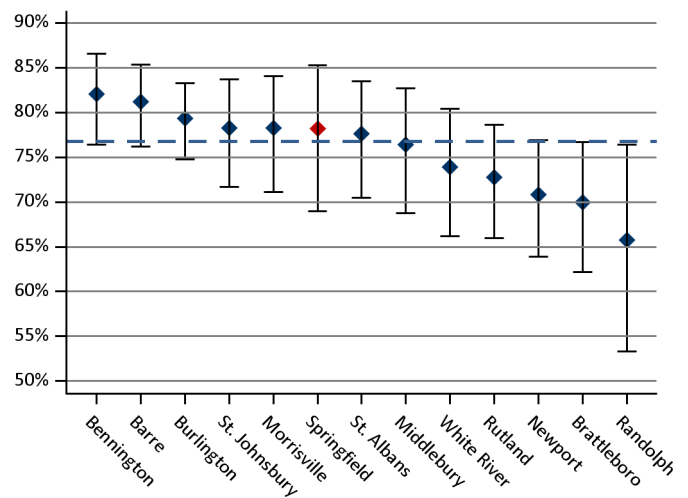


Figure 33: Presents the proportion, including 95% confidence intervals, of Vermont residents, ages 65 years and older, that reported ever receiving a pneumonia vaccination as measured by the Behavioral Risk Factor Surveillance System (BRFSS). The blue dashed line indicates the statewide average.

ACS Admissions: COPD & Asthma (Core-10, MSSP-9)

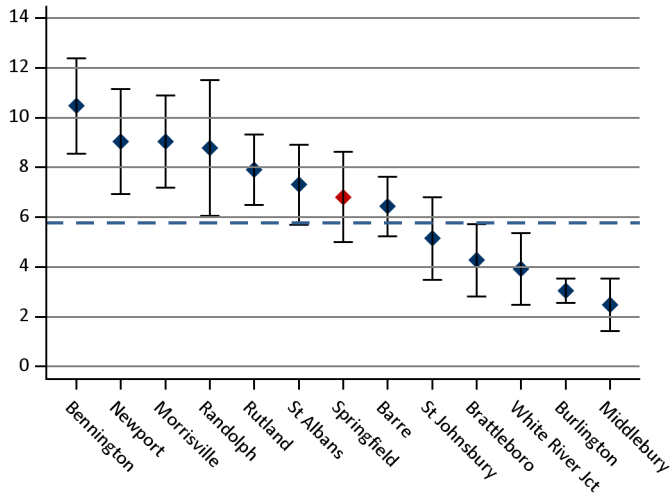


Figure 34: This Prevention Quality Indicator (PQI) presents the rate, including 95% confidence intervals, of ambulatory care sensitive (ACS) admissions with a principal diagnosis of chronic obstructive pulmonary disorder (COPD) or asthma per 1,000 members, ages 40 years and older. The blue dashed line indicates the statewide average.

ACS Admissions: Heart Failure (MSSP-10)

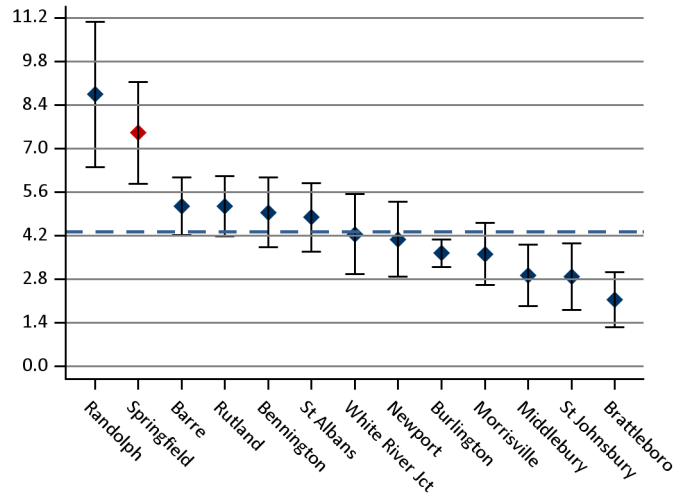


Figure 35: This Prevention Quality Indicator (PQI) presents the rate, including 95% confidence intervals, of admissions with a principal diagnosis of congestive heart failure per 1,000 members, ages 18 years and older. The blue dashed line indicates the statewide average.

ACS Hospitalizations: PQI Composite Chronic (Core-12)

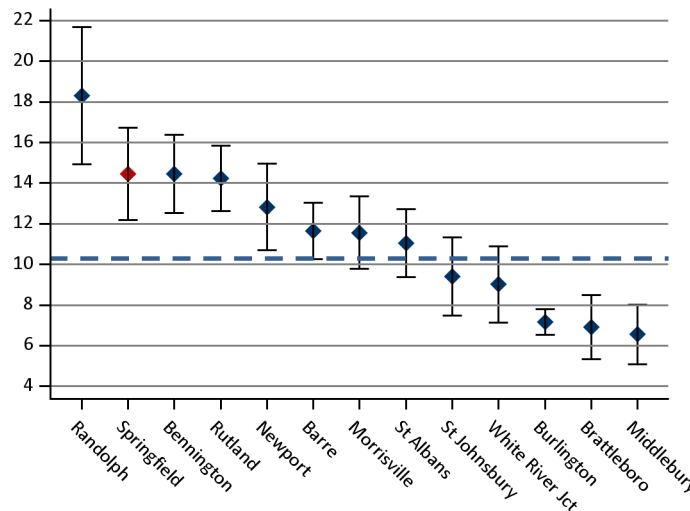


Figure 36: This Prevention Quality Indicator (PQI) presents a composite rate, including 95% confidence intervals, of hospitalizations for chronic conditions per 1,000 members, ages 18 years and older. This measure includes admissions for at least one of the following conditions: COPD, asthma, hypertension, heart failure, angina without a cardiac procedure, diabetes with lower-extremity amputations, diabetes with short-term complications, diabetes with long-term complications, or uncontrolled diabetes without complications. The blue dashed line indicates the statewide average.

BRFSS: Adults Diagnosed with COPD

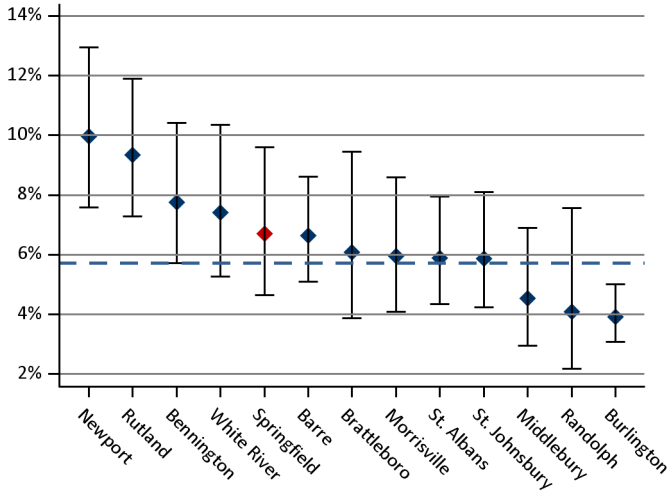


Figure 37: Presents the proportion, including 95% confidence intervals, of Vermont residents, ages 18 years and older, that reported a diagnosis of COPD. This data was collected through the Behavioral Risk Factor Surveillance System (BRFSS) Between January 2015 and December 2016. The blue dashed line indicates the statewide average.

BRFSS: Adults Diagnosed with Hypertension

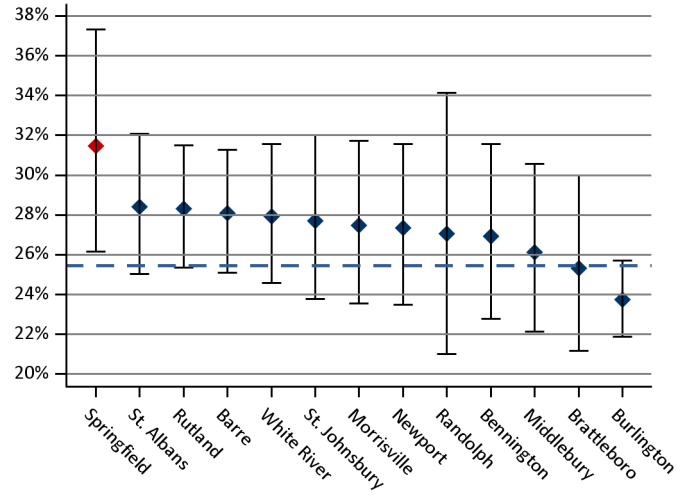


Figure 38: Presents the proportion, including 95% confidence intervals, of Vermont residents, ages 18 years and older, that reported a diagnosis of hypertension. This data was collected through the Behavioral Risk Factor Surveillance System (BRFSS) Between January 2015 and December 2016. The blue dashed line indicates the statewide average.

BRFSS: Adults with Diabetes

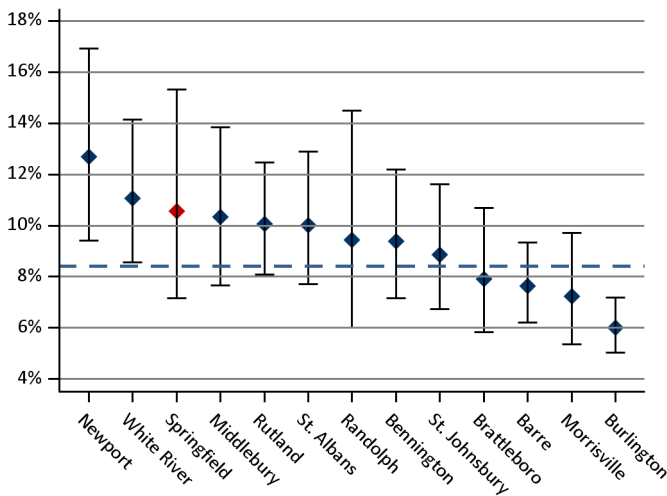


Figure 39: Presents the proportion, including 95% confidence intervals, of Vermont residents, ages 18 years and older, that reported a diagnosis of diabetes. This data was collected through the Behavioral Risk Factor Surveillance System (BRFSS) Between January 2015 and December 2016. The blue dashed line indicates the statewide average.

BRFSS: Adults with Personal Doctor

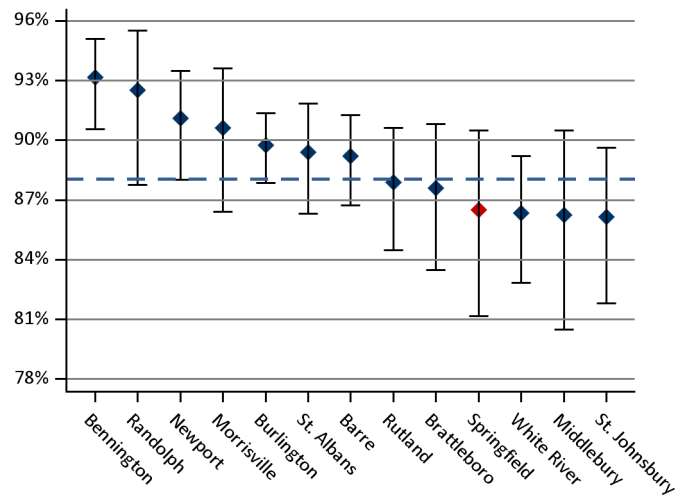


Figure 40: Presents the proportion, including 95% confidence intervals, of Vermont residents, ages 18 years and older, that said they have a personal doctor or health care provider. This data was collected through the Behavioral Risk Factor Surveillance System (BRFSS) Between January 2015 and December 2016. The blue dashed line indicates the statewide average.

BRFSS: Households with Income <\$25,000

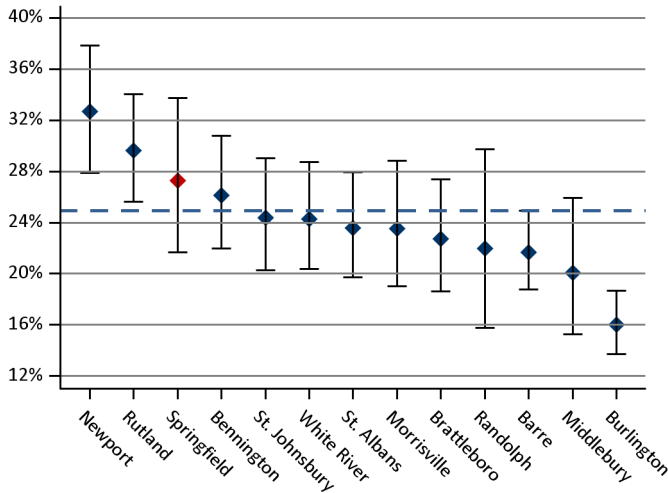


Figure 41: Presents the proportion, including 95% confidence intervals, of Vermont residents, ages 18 years and older, that reported a household income of less than \$25,000 per year. This data was collected through the Behavioral Risk Factor Surveillance System (BRFSS) Between January 2015 and December 2016. The blue dashed line indicates the statewide average.

BRFSS: Cigarette Smoking

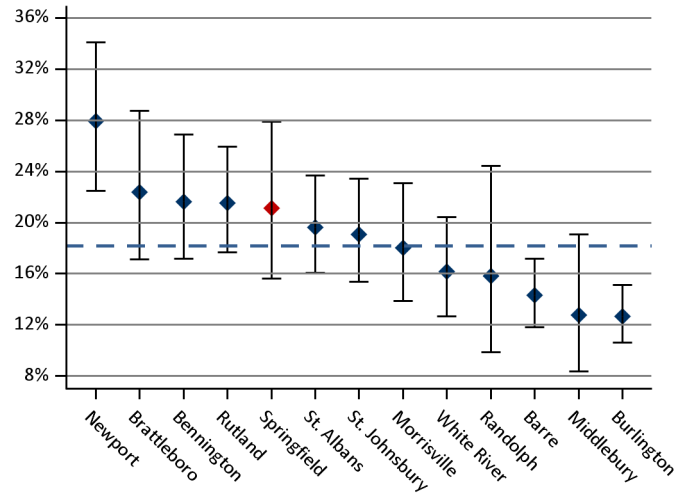


Figure 42: Presents the proportion, including 95% confidence intervals, of Vermont residents, ages 18 years and older, that reported being cigarette smokers. This data was collected through the Behavioral Risk Factor Surveillance System (BRFSS) Between January 2015 and December 2016. The blue dashed line indicates the statewide average.

BRFSS: No Leisure-Time Physical Activity/Exercise

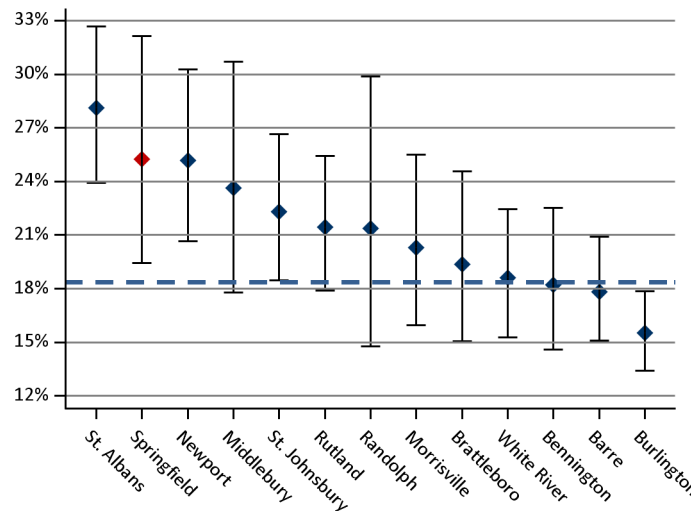


Figure 43: Presents the proportion, including 95% confidence intervals, of Vermont residents, ages 18 years and older, that said they did not participate in any physical activity or exercise during the previous month. This data was collected through the Behavioral Risk Factor Surveillance System (BRFSS) Between January 2015 and December 2016. The blue dashed line indicates the statewide average.

The following tables provide greater detail on the annual rates presented in the preceding figures.

Table 4. Expenditure Measures (Adjusted)

Measure	HSA			Statewide		
	Rate per Capita	95% LCL	95% UCL	Rate per Capita	95% LCL	95% UCL
Total	\$9,128	\$8,823	\$9,433	\$8,927	\$8,865	\$8,988
Inpatient Total	\$2,086	\$1,900	\$2,272	\$1,882	\$1,844	\$1,920
Inpatient Mental Health	\$203	\$149	\$257	\$125	\$116	\$134
Inpatient Maternity	\$78	\$66	\$89	\$89	\$86	\$91
Inpatient Surgical	\$878	\$741	\$1,016	\$799	\$772	\$827
Inpatient Medical	\$945	\$840	\$1,050	\$874	\$852	\$897
Outpatient Total	\$2,316	\$2,235	\$2,397	\$2,236	\$2,218	\$2,254
Outpatient Hospital Mental Health	\$33	\$26	\$40	\$37	\$35	\$39
Outpatient Hospital ED	\$523	\$496	\$551	\$341	\$337	\$346
Outpatient Hospital Surgery	\$531	\$491	\$570	\$543	\$535	\$552
Outpatient Hospital Radiology	\$492	\$446	\$539	\$495	\$484	\$506
Outpatient Hospital Laboratory	\$298	\$286	\$310	\$301	\$298	\$304
Outpatient Hospital Pharmacy	\$50	\$33	\$66	\$69	\$65	\$72
Outpatient Hospital Other	\$393	\$373	\$414	\$446	\$442	\$451
Professional Non-Mental Health Total	\$1,385	\$1,353	\$1,418	\$1,455	\$1,448	\$1,463
Professional Physician Total	\$877	\$850	\$903	\$942	\$936	\$948
Professional Physician Inpatient	\$199	\$180	\$217	\$180	\$176	\$184
Professional Physician Outpatient Facility	\$277	\$267	\$288	\$304	\$301	\$306
Professional Physician Office Visit	\$359	\$349	\$368	\$371	\$368	\$373
Professional Non-Physician	\$496	\$483	\$509	\$499	\$496	\$502
Professional Mental Health Provider	\$200	\$188	\$212	\$217	\$214	\$220
Pharmacy Total	\$1,427	\$1,348	\$1,506	\$1,602	\$1,585	\$1,619
Pharmacy Psych Medication	\$178	\$159	\$197	\$168	\$164	\$171
Other Total	\$1,090	\$999	\$1,182	\$855	\$839	\$871
Special Medicaid Services	\$492	\$420	\$565	\$462	\$447	\$476
Mental Health Substance Combined*	\$540	\$497	\$584	\$502	\$495	\$510

* The *Mental Health Substance Combined* measure is the sum of all expenditures associated with medical and pharmacy services for mental health / substance abuse.

Table 5. Total Resource Use Index (RUI) (Adjusted)

Measure	HSA			Statewide		
	Index Ratio	95% LCL	95% UCL	Index Ratio	95% LCL	95% UCL
Total	1.02	0.98	1.06	1.00	0.99	1.01
Inpatient	1.23	1.09	1.38	1.00	0.98	1.02
Outpatient Facility	1.06	1.00	1.11	1.00	0.99	1.01
Professional	0.97	0.94	1.00	1.00	0.99	1.01
Pharmacy	0.93	0.88	0.97	1.00	0.99	1.01

Table 6. Utilization Measures (Adjusted)

Measure	HSA			Statewide		
	Rate per 1,000	95% LCL	95% UCL	Rate per 1,000	95% LCL	95% UCL
Inpatient Discharges	152.4	145.0	159.8	123.0	121.6	124.5
Inpatient Days	831.8	814.6	849.0	624.1	620.8	627.3
Outpatient ED Visits	433.8	421.4	446.3	396.7	394.1	399.3
Outpatient Potentially Avoidable ED Visits	51.8	47.5	56.1	61.8	60.7	62.8
Non-Hospital Outpatient Visits	6,680.7	6,631.9	6,729.5	6,769.5	6,758.8	6,780.1
Primary Care Encounters	2,585.2	2,554.8	2,615.5	3,130.9	3,123.7	3,138.2
Medical Specialist Encounters	1,316.0	1,294.4	1,337.7	1,228.6	1,224.0	1,233.1
Surgical Specialist Encounters	813.3	796.3	830.4	1,052.3	1,048.1	1,056.5
Standard Imaging	1,193.4	1,172.8	1,214.0	967.5	963.4	971.5
Advanced Imaging	408.7	396.6	420.7	322.5	320.2	324.8
Echography	373.2	361.6	384.7	380.4	377.8	382.9
Colonoscopy	55.6	51.1	60.0	56.2	55.2	57.2

Table 7. Effective & Preventive Care Measures

Measure	HSA				Statewide			
	N	Rate %	95% LCL	95% UCL	N	Rate %	95% LCL	95% UCL
Comprehensive Diabetes Care (CDC)								
HbA1c Testing	966	89%	87%	91%	17,915	92%	91%	92%
Eye Exam	959	45%	41%	48%	17,872	58%	57%	58%
Nephropathy	966	90%	88%	92%	17,915	86%	85%	86%
Imaging Studies for Low Back Pain	166	77%	70%	84%	4,330	84%	83%	86%

Table 8a. ACO and APM Measures Detail

Measure		HSA				Statewide			
		N	Rate %	95% LCL	95% UCL	N	Rate %	95% LCL	95% UCL
Cervical Cancer Screening	Core-30	2,668	57%	56%	59%	60,263	66%	66%	67%
CCS – Commercial	Core-30	1,291	66%	64%	69%	36,914	73%	73%	74%
CCS – Medicaid	Core-30	1,377	49%	47%	52%	23,349	55%	54%	56%
Chlamydia Screening (Ages 16–24 Years)	Core-7	464	43%	38%	48%	9,542	48%	47%	49%
CHL – Commercial	Core-7	157	40%	32%	48%	4,537	47%	46%	49%
CHL – Medicaid	Core-7	307	45%	39%	50%	5,005	49%	48%	51%
Breast Cancer Screening (Ages 52–64 Years)	Core-11	1,181	70%	67%	73%	25,244	72%	72%	73%
BCS – Commercial (Ages 52–64 Years)	Core-11	660	79%	75%	82%	17,037	78%	78%	79%
BCS – Medicaid (Ages 52–64 Years)	Core-11	312	58%	53%	64%	4,670	59%	58%	60%
BCS – Medicare (Ages 52–64 Years)	Core-11	209	60%	53%	67%	3,537	59%	57%	61%
BCS (Ages 52–74 Years)	Core-11	2,026	70%	68%	72%	42,291	72%	71%	72%
BCS (Ages 65–74 Years)	Core-11	845	71%	68%	74%	17,047	71%	71%	72%
Follow-Up After Hospitalization for Mental Illness (7 day)	Core-4	195	41%	33%	48%	1,780	36%	34%	39%
FUH – Commercial	Core-4					267	51%	44%	57%
FUH – Medicaid	Core-4	115	40%	31%	49%	980	32%	29%	35%
FUH – Medicare	Core-4	68	40%	27%	52%	533	38%	34%	42%
Initiation of Alcohol/Drug Treatment	Core-5a	454	47%	43%	52%	7,154	45%	44%	46%
IET (INI) – Medicaid	Core-5a	246	51%	44%	57%	3,532	45%	43%	47%
Engagement of Alcohol/Drug Treatment	Core-5b	454	12%	9%	15%	7,154	14%	13%	15%
IET (ENG) – Medicaid	Core-5b	246	16%	11%	21%	3,532	18%	17%	19%
Cholesterol Management for Patients with CVD	Core-3	234	72%	66%	78%	5,509	70%	69%	71%
CMC – Commercial	Core-3	32	81%	66%	96%	883	70%	67%	73%
CMC – Medicaid	Core-3	30	60%	41%	79%	493	66%	62%	71%
CMC – Medicare	Core-3	172	72%	65%	79%	4,133	70%	69%	72%
Avoidance of Antibiotic Treatment for Acute Bronchitis	Core-6	124	25%	17%	33%	1,934	35%	32%	37%
AAB – Commercial	Core-6	46	24%	10%	37%	909	35%	32%	38%
AAB – Medicaid	Core-6	78	26%	15%	36%	1,025	34%	31%	37%
Influenza Vaccination	Core-35	7,730	34%	32%	35%	95,939	43%	43%	43%
INF – Commercial	Core-35	2,119	27%	25%	29%	33,445	34%	33%	34%
INF – Medicaid	Core-35	1,998	20%	19%	22%	19,858	29%	28%	29%
INF – Medicare	Core-35	3,613	44%	43%	46%	42,636	57%	57%	57%

Table 8a. ACO and APM Measures Detail, Continued

Measure		HSA				Statewide			
		N	Rate %	95% LCL	95% UCL	N	Rate %	95% LCL	95% UCL
Diabetes Blood Pressure in Control (<140/90 mmHg)	MSSP-24	954	69%	66%	72%	10,126	72%	71%	73%
Diab – Commercial (BP)	MSSP-24	200	71%	64%	77%	2,380	72%	70%	74%
Diab – Medicaid (BP)	MSSP-24	194	69%	62%	75%	1,829	75%	73%	77%
Diab – Medicare (BP)	MSSP-24	560	68%	64%	72%	5,917	71%	70%	72%
Diabetes Tobacco Use in Control	MSSP-25					525	80%	76%	84%
Diab – Commercial (Tob.)	MSSP-25					111	85%	78%	92%
Diab – Medicaid (Tob.)	MSSP-25					100	64%	54%	74%
Diab – Medicare (Tob.)	MSSP-25					314	83%	79%	88%
Diabetes Care Two-Part Composite	Core-53	871	39%	35%	42%	8,020	51%	49%	52%
Diab – Commercial (Comp.)	Core-53	181	40%	32%	47%	1,940	46%	44%	48%
Diab – Medicaid (Comp.)	Core-53	162	39%	31%	47%	1,221	41%	39%	44%
Diab – Medicare (Comp.)	Core-53	528	38%	34%	42%	4,859	55%	53%	56%
Diabetes HbA1c Not in Control (>9%)	Core-17	848	17%	15%	20%	7,724	14%	13%	15%
Diab – Commercial (HbA1c Not in Control)	Core-17	180	17%	11%	22%	1,921	15%	13%	16%
Diab – Medicaid (HbA1c Not in Control)	Core-17	162	26%	19%	33%	1,220	23%	21%	26%
Diab – Medicare (HbA1c Not in Control)	Core-17	506	14%	11%	18%	4,583	11%	10%	12%
Hypertension with BP in Control (<140/90 mmHg)	Core-39	2,962	61%	59%	63%	33,134	66%	65%	66%
HYP – Commercial (Ages 18–85 Years)	Core-39	579	62%	58%	66%	7,504	65%	64%	66%
HYP – Medicaid (Ages 18–85 Years)	Core-39	447	57%	52%	61%	4,116	63%	62%	65%
HYP – Medicare (Ages 18–85 Years)	Core-39	1,936	62%	59%	64%	21,514	66%	66%	67%
HYP (Ages 18–64 Years)	Core-39	1,376	61%	58%	63%	14,762	65%	64%	66%
HYP (Ages 65–85 Years)	Core-39	1,586	61%	59%	63%	18,372	66%	66%	67%

Table 8a. ACO and APM Measures Detail, Continued

Measure		HSA				Statewide			
		N	Rate %	95% LCL	95% UCL	N	Rate %	95% LCL	95% UCL
Follow-Up After Discharge From ED for Mental Health	APM-HD-II	109	57%	47%	67%	1,312	69%	67%	72%
FUM – Commercial	APM-HD-II					180	69%	62%	76%
FUM – Medicaid	APM-HD-II	64	58%	45%	71%	767	76%	73%	79%
FUM – Medicare	APM-HD-II	31	55%	36%	74%	365	55%	49%	60%
Follow-Up After Discharge From ED for AOD	APM-HD-III	56				1,131	25%	22%	27%
FUA – Commercial	APM-HD-III					147	15%	9%	21%
FUA – Medicaid	APM-HD-III	41				748	30%	26%	33%
FUA – Medicare	APM-HD-III					236	15%	10%	20%
Medication Management for People With Asthma	APM-P-V	218	75%	69%	81%	4,189	75%	73%	76%
MMA50 – Commercial	APM-P-V	53	77%	65%	90%	1,182	78%	75%	80%
MMA50 – Medicaid	APM-P-V	113	73%	65%	82%	1,813	70%	68%	72%
MMA50 – Medicare	APM-P-V	52	77%	65%	89%	1,194	78%	76%	80%
Screening for Clinical Depression	APM-P-III	8,398				110,762	2%	1%	2%
CDF_HH – Commercial	APM-P-III	2,401				39,741	1%	1%	1%
CDF_HH – Medicaid	APM-P-III	2,121				21,935	2%	2%	2%
CDF_HH – Medicare	APM-P-III	3,876				49,086	2%	2%	2%
Tobacco Use Screening	APM-P-IV	10,294	1%	1%	1%	159,991	19%	18%	19%
TOB_SCREEN – Commercial	APM-P-IV	3,241				65,694	19%	18%	19%
TOB_SCREEN – Medicaid	APM-P-IV	2,861	2%	2%	3%	34,617	17%	16%	17%
TOB_SCREEN – Medicare	APM-P-IV	4,192	1%	1%	1%	59,680	19%	19%	20%

Table 8b. ACO Measures Detail

Measure		HSA				Statewide			
		N	Observed / Expected Ratio	LCL	UCL	N	Observed / Expected Ratio	LCL	UCL
Plan All-Cause Readmissions	Core-1	1,363	1.24	1.11	1.38	20,472	1.16	1.12	1.19
PCR – Commercial	Core-1	131	0.58	-0.06	1.22	2,820	1.15	1.02	1.29
PCR – Medicaid	Core-1	299	1.28	1.02	1.54	3,627	0.98	0.90	1.06
PCR – Medicare	Core-1	933	1.28	1.11	1.45	14,025	1.21	1.17	1.25

Table 8c. ACO Measures Detail

Measure		HSA				Statewide			
		N	Rate per 1,000	95% LCL	95% UCL	N	Rate per 1,000	95% LCL	95% UCL
ACS Admissions for COPD and Asthma	Core-10	7,932	6.8	5.0	8.6	164,438	5.8	5.4	6.1
PQI – Commercial (COPD and Asthma)	Core-10	2,425		0.0		62,813	0.5	0.4	0.7
PQI – Medicaid (COPD and Asthma)	Core-10	1,350	4.4	0.9	8.0	22,040	6.4	5.4	7.5
PQI – Medicare (COPD and Asthma)	Core-10	4,157	11.5	8.3	14.8	79,585	9.7	9.0	10.4
ACS Admissions for Congestive Heart Failure	MSSP-10	10,783	7.5	5.9	9.1	229,377	4.3	4.1	4.6
PQI – Commercial (CHF)	MSSP-10	3,451	0.6	0.0	1.4	95,968	0.2	0.1	0.3
PQI – Medicaid (CHF)	MSSP-10	3,029	2.0	0.4	3.6	51,186	1.1	0.8	1.3
PQI – Medicare (CHF)	MSSP-10	4,304	17.0	13.1	20.9	82,223	11.2	10.4	11.9
ACS Hospitalizations: PQI Composite (Chronic)	Core-12	10,783	14.5	12.2	16.7	229,377	10.3	9.9	10.7
PQI – Commercial (Comp.)	Core-12	3,451	1.4	0.2	2.7	95,968	1.0	0.8	1.2
PQI – Medicaid (Comp.)	Core-12	3,029	5.9	3.2	8.7	51,186	6.2	5.5	6.9
PQI – Medicare (Comp.)	Core-12	4,304	30.9	25.7	36.2	82,223	23.7	22.6	24.7

Table 9. ACO and APM Measures Reference Table

VT Measure ID	Medicare Shared Savings Program Measure ID	Measure Name	Nationally Recognized/ Endorsed	Included in HSA Profile?	Measure Description
Core-1		Plan All-Cause Readmissions	NQF #1768, HEDIS measure	Adult	For members 18 years and older, the number of acute inpatient stays during the measurement year that were followed by an acute readmission for any diagnosis within 30 days.
Core-2		Adolescent Well-Care Visit	HEDIS measure	Pediatric	The percentage of members 12-21 years who had at least one comprehensive well-care visit with a PCP or OB/GYN during the measurement year.
Core-3	MSSP-29	Ischemic Vascular Disease (IVD): Complete Lipid Panel (Screening Only)	NQF #0075, NCQA	Adult	The percentage of members 18-75 years who were discharged alive for acute myocardial infarction, coronary artery bypass grafting, or percutaneous coronary intervention in the year prior to the measurement year or who had a diagnosis of Ischemic Vascular Disease during the measurement year and one year prior, who had LDL-C screening.
Core-4		Follow-up after Hospitalization for Mental Illness, 7 Day	NQF #0576, HEDIS measure	Adult	The percentage of discharges for members 6 years and older who were hospitalized for treatment of selected mental illness diagnoses and who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner.
Core-5		Initiation & Engagement of Alcohol and Other Drug Dependence Treatment (a) Initiation, (b) Engagement	NQF #0004, HEDIS measure	Adult	(a) The percentage of adolescent and adult members with a new episode of alcohol or other drug (AOD) dependence who received initiation of AOD treatment within 14 days. (b) The percentage of adolescent and adult members with a new episode of alcohol or other drug (AOD) dependence who initiated treatment and had two additional services with a diagnosis of AOD within 30 days of the initiation visit.
Core-6		Avoidance of Antibiotic Treatment for Adults with Acute Bronchitis	NQF #0058, HEDIS measure	Adult	The percentage of adults 18-64 years with a diagnosis of acute bronchitis who were not dispensed an antibiotic.
Core-7		Chlamydia Screening in Women	NQF #0033, HEDIS measure	Adult and Pediatric	The percentage of women 16-24 years who were identified as sexually active and who had at least one test for chlamydia during the measurement period.
Core-8		Developmental Screening in the First Three Years of Life	NQF #1448	Pediatric	The percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding their first, second, or third birthday.
Core-10	MSSP-9	Ambulatory Sensitive Condition Admissions: Chronic Obstructive Pulmonary Disease or Asthma in Older Adults	NQF, AHRQ (Prevention Quality Indicator (PQI) #5)	Adult	All discharges with an ICD-9-CM principal diagnosis code for COPD or asthma in adults ages 40 years and older, for ACO assigned or aligned Medicare fee-for-service (FFS) beneficiaries with COPD or asthma. This is an observed rate of discharges per 1,000 members.
Core-11	MSSP-20	Mammography / Breast Cancer Screening	NQF #2372, HEDIS measure	Adult	The percentage of women 50-74 years who had a mammogram to screen for breast cancer in the last two years.
Core-12		Rate of Hospitalization for Ambulatory Care Sensitive Conditions: PQI Chronic Composite	NQF, AHRQ (Prevention Quality Indicator (PQI) Chronic Composite)	Adult	Prevention Quality Indicators' (PQI) overall composite per 1,000 population, ages 18 years and older; includes admissions for one of the following conditions: diabetes with short-term complications, diabetes with long-term complications, uncontrolled diabetes without complications, diabetes with lower-extremity amputation, chronic obstructive pulmonary disease, asthma, hypertension, heart failure, angina without a cardiac procedure, dehydration, bacterial pneumonia, or urinary tract infection.

Table 9. ACO and APM Measures Reference Table, Continued

VT Measure ID	Medicare Shared Savings Program Measure ID	Measure Name	Nationally Recognized/ Endorsed	Included in HSA Profile?	Measure Description
Core-13		Appropriate Testing for Children with Pharyngitis	NQF #0002	Pediatric	Percentage of children 2-18 years who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A strep test for the episode.
Core-14		Childhood Immunization Status (Combo 10)	NQF #0038, HEDIS measure	No	The percentage of children 2 years who had each of nine key vaccinations (e.g., MMR, HiB, HepB, etc.).
Core-15		Pediatric Weight Assessment and Counseling	NQF #0024	No	The percentage of members 3-17 years who had an outpatient visit with a PCP or OB/GYN and who had evidence of BMI percentile documentation, counseling for nutrition, and counseling for physical activity.
Core-17	MSSP-27	Diabetes Mellitus: Hemoglobin A1c Poor Control (>9%)	NQF #0059, NCQA	Adult	Percentage of members 18-75 years with diabetes whose HbA1c was in poor control >9%.
Core-18	MSSP-19	Colorectal Cancer Screening	NQF #0034, NCQA HEDIS measure	No	The percentage of members 50-75 years who had appropriate screening for colorectal cancer.
Core-19	MSSP-18	Depression Screening and Follow-Up	NQF #0418, CMS	No	The percentage of members 12 years and older who had negative screening or positive screening for depression completed in the measurement year with an age-appropriate standardized tool. Follow-up for positive screening must be documented same day as screening.
Core-20	MSSP-16	Adult Weight Screening and Follow-Up	NQF #0421, CMS	No	The percentage of members 18 years and older who had BMI calculated during the last visit in the measurement year or within the prior 6 months. In cases where the BMI is abnormal, a follow-up plan must be documented during the visit the BMI was calculated or within the prior 6 months.
Core-21		Access to Care Composite	NCQA	No	NCQA Survey - percentage of members who could get appointments or answers to questions from providers when needed.
Core-22		Communication Composite	NCQA	No	NCQA Survey - percentage of members who felt they received good communication from providers.
Core-23		Shared Decision-Making Composite	NCQA	No	NCQA Survey - percentage of members whose provider helped them make decisions about prescription medications.
Core-24		Self-Management Support Composite	NCQA	No	NCQA Survey - percentage of members whose provider talked to them about specific health goals and barriers.
Core-25		Comprehensiveness Composite	NCQA	No	NCQA Survey - percentage of members whose provider talked to them about depression, stress, and other mental health issues.
Core-26		Office Staff Composite	NCQA	No	NCQA Survey - percentage of members who found the clerks and receptionists at their provider's office to be helpful and courteous.
Core-27		Information Composite	NCQA	No	NCQA Survey - percentage of members who received information from their provider about what to do if care was needed in the off hours and reminders between visits.

Table 9. ACO and APM Measures Reference Table, Continued

VT Measure ID	Medicare Shared Savings Program Measure ID	Measure Name	Nationally Recognized/ Endorsed	Included in HSA Profile?	Measure Description
Core-28		Coordination of Care Composite	NCQA	No	NCQA Survey - percentage of members whose providers followed-up about test results, seemed informed about specialty care, and talked at each visit about prescription medication.
Core-29		Specialist Composite	NCQA	No	NCQA Survey - percentage of members who found it easy to get appointments with specialists and who found that their specialist seemed to know important information about their medical history.
Core-30		Cervical Cancer Screening	NQF #0032, HEDIS measure	Adult	The percentage of females 21-64 years who received one or more PAP tests to screen for cervical cancer in the measurement year or two years prior to the measurement year.
Core-31	MSSP-30	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	NQF #0068, NCQA	No	Percentage of members 18 years and older with IVD who had documentation of using aspirin or another antithrombotic during the measurement year.
Core-35	MSSP-14	Influenza Vaccination	NQF #0041, AMA-PCPI	Adult	Percentage of members 6 months and older with an outpatient visit between October and March who received an influenza vaccine.
Core-36	MSSP-17	Tobacco Use Assessment and Cessation Intervention	NQF #0028, AMA-PCPI	No	Percentage of members 18 years and older who had a negative tobacco screen or positive tobacco screen with cessation intervention in the two years prior to the measurement year.
Core-38	MSSP-32	Drug Therapy for Lowering LDL Cholesterol	NQF #0074	No	Percentage of members 18 years and older with a diagnosis of CAD and an outpatient visit in the measurement year whose LDL-C <100 mg/dL or LDL-C ≥100 mg/dL and who received a prescription of a statin in the measurement year.
Core-38	MSSP-33	ACE Inhibitor or ARB Therapy for Members with CAD and Diabetes and/or Left Ventricular Systolic Dysfunction (LVSD)	NQF #0066	No	Percentage of members 18 years and older with a diagnosis of CAD and a Left Ventricular Ejection Fraction (LVEF) < 40% or diagnosis of CAD and diabetes who received a prescription of ACE/ARB medication in the measurement year.
Core-39	MSSP-28	Percent of Beneficiaries With Hypertension Whose BP < 140/90 mmHg	NQF #0018, NCQA HEDIS measure	Adult	Percentage of members 18-85 years with hypertension whose BP was in control <140/90 mmHg.
Core-40	MSSP-21	Screening for High Blood Pressure and Follow-Up Plan Documented	Not NQF-endorsed; MSSP	No	Percentage of members 18 years and older seen during the measurement period who were screened for high blood pressure and a recommended follow-up plan is documented based on the current blood pressure reading as indicated.
Core-47	MSSP-13	Falls: Screening for Fall Risk	NQF #0101	No	Percentage of members 65 years and older who had any type of falls screening in the measurement year.
Core-48	MSSP-15	Pneumonia Vaccination (Ever Received)	NQF #0043	Adult	The percentage of members 65 years and older who had documentation of ever receiving a pneumonia vaccine.
Core-53		Diabetes Care Two-Part Composite	NQF #0059 and #0055	Adult	The percentage of members 18-75 years with diabetes who have a valid HbA1c less than or equal to 9% and who received an eye exam for diabetic retinal disease during the measurement year.
	MSSP-1	CG CAHPS: Getting Timely Care, Appointments, and Information	NQF #0005, AHRQ	No	CMS Survey - Getting Timely Care, Appointments, and Information
	MSSP-2	CG CAHPS: How Well Your Doctors Communicate	NQF #0005, AHRQ	No	CMS Survey - How Well Your Doctors Communicate

Table 9. ACO and APM Measures Reference Table, Continued

VT Measure ID	Medicare Shared Savings Program Measure ID	Measure Name	Nationally Recognized/ Endorsed	Included in HSA Profile?	Measure Description
	MSSP-3	CG CAHPS: Patients' Rating of Doctor	NQF #0005, AHRQ	No	CMS Survey - Patients' Rating of Doctor
	MSSP-4	CG CAHPS: Access to Specialists	NQF #0005, AHRQ	No	CMS Survey - Access to Specialists
	MSSP-5	CG CAHPS: Health Promotion and Education	NQF #0005, AHRQ	No	CMS Survey - Health Promotion and Education
	MSSP-6	CG CAHPS: Shared Decision Making	NQF #0005, AHRQ	No	CMS Survey - Shared Decision Making
	MSSP-7	CG CAHPS: Health Status / Functional Status	NQF #0006, AHRQ	No	CMS Survey - Health Status/Functional Status
	MSSP-8	Risk-Standardized, All Condition Readmission	CMS, not submitted to NQF (adapted from NQF #1789)	No	All discharges with an ICD-9-CM principal diagnosis code for COPD or asthma in adults ages 40 years and older, for ACO assigned or aligned Medicare fee-for-service (FFS) beneficiaries with COPD or asthma. This is an observed rate of discharges per 1,000 members.
	MSSP-10	Ambulatory Sensitive Condition Admissions: Congestive Heart Failure	NQF #0277, AHRQ (Prevention Quality Indicator (PQI) #8)	Adult	All discharges with an ICD-9-CM principal diagnosis code for CHF in adults ages 18 years and older, for ACO assigned or aligned Medicare fee-for-service (FFS) beneficiaries with CHF. This is an observed rate of discharges per 1,000 members.
	MSSP-11	Percent of Primary Care Physicians who Successfully Qualify for an EHR Program Incentive Payment	CMS EHR Incentive Program Reporting	No	Percentage of Accountable Care Organization (ACO) primary care physicians (PCPs) who successfully qualify for either a Medicare or Medicaid Electronic Health Record (EHR) Program incentive payment.
	MSSP-12	Medication Reconciliation: Reconciliation After Discharge from an Inpatient Facility	NQF #0554	No	Percentage of members 65 years and older who were discharged from any inpatient facility in the measurement year and had an outpatient visit within 30 days of the discharge who had documentation in the outpatient medical record of reconciliation of discharge medications with current outpatient medications during a visit within 30 days of discharge.
	MSSP-24	Diabetes: Blood Pressure Control		Adult	Percentage of members 18-75 years with diabetes who had blood pressure <140/90 mmHg at most recent visit.
	MSSP-25	Diabetes: Tobacco Non-Use		Adult	Percentage of members 18-75 years with diabetes who were identified as a non-user of tobacco in measurement year.
	MSSP-31	Heart Failure: Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	NQF #0083	No	Percentage of members 18 years and older with a diagnosis of heart failure who also had LVSD (LVEF < 40%) and who were prescribed beta-blocker therapy.
		Comprehensive Diabetes Care: Eye Exams for Diabetics	NQF #0055, HEDIS measure	Adult	Percentage of members with diabetes 18-75 years who received an eye exam for diabetic retinal disease during the measurement year.
M&E-3		Comprehensive Diabetes Care: Medical Attention for Nephropathy	NQF #0062, HEDIS measure	Adult	Percentage of members with diabetes 18-75 years who received a nephropathy screening test during the measurement year.

Table 9. ACO and APM Measures Reference Table, Continued

VT Measure ID	Medicare Shared Savings Program Measure ID	Measure Name	Nationally Recognized/ Endorsed	Included in HSA Profile?	Measure Description
APM-HD-II		Follow-Up After Discharge From ED for Mental Health	NQF #2605, HEDIS measure	Adult	Percentage of ED visits for members 18 years of age and older with a principal diagnosis of mental illness, who had a follow up visit for mental health within 30 days of the ED visit.
APM-HD-III		Follow-Up After Discharge From ED for AOD	NQF #2605, HEDIS measure	Adult	Percentage of ED visits for members 18 years of age and older with a principal diagnosis of alcohol or other drug (AOD) dependence, who had a follow up visit for AOD within 30 days of the ED visit.
APM-P-III, ACO-18		Screening for Clinical Depression	NQF #0418	Adult	Percentage of members ages 18 years and older that were screened for clinical depression on the date of encounter using an age-appropriate standardized depression screening tool.
APM-P-IV, ACO-17		Tobacco Use Screening	NQF #0028	Adult	Percentage of members ages 18 years and older that were screened for tobacco use one or more times within a two-year lookback period and that received cessation counseling intervention.
APM-P-V		Medication Management for People With Asthma	NQF #1799, HEDIS measure	Adult	The percentage of patients 18-85 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period. Two rates are reported. 1. The percentage of patients who remained on an asthma controller medication for at least 50% of their treatment period. 2. The percentage of patients who remained on an asthma controller medication for at least 75% of their treatment period.

The following tables provide risk-adjusted rates for selected quality measures, which are not represented in the preceding figures.

Table 10. Hypertension: Blood Pressure in Control (<140/90 mmHg)

HSA	Jan. 2016-Dec. 2016		Jul. 2016-Jun. 2017		Trend
	Rate %	N	Rate %	N	% Difference
Barre	66.1%	5,939	66.0%	5,771	-0.1%
Bennington	66.3%	1,496	65.9%	1,553	-0.4%
Brattleboro	65.8%	1,513	65.5%	1,617	-0.3%
Burlington	66.0%	10,005	65.8%	8,353	-0.2%
Middlebury	66.5%	558	66.3%	819	-0.2%
Morrisville	66.0%	1,088	65.7%	1,176	-0.3%
Newport	65.5%	2,984	65.1%	3,314	-0.4%
Randolph	66.6%	126	66.8%	129	0.2%
Rutland	66.4%	722	66.2%	780	-0.2%
Springfield	65.8%	2,333	65.3%	2,962	-0.5%
St Albans	65.9%	3,462	65.7%	4,406	-0.2%
St Johnsbury	65.7%	1,199	65.3%	1,442	-0.4%
White River Jct	66.2%	289	65.5%	908	-0.7%

* Cells with less than 11 in the numerator or less than 30 in the denominator are left blank due to either insufficient data or confidentiality requirements.

Table 11. Risk-Adjusted Quality Measure: Diabetes HbA1c Not in Control (>9%)

HSA	Jan. 2016-Dec. 2016		Jul. 2016-Jun. 2017		Trend
	Rate %	N	Rate %	N	Rate Difference
Barre	11.9%	1,769	13.5%	1,452	1.6%
Bennington	11.9%	456	13.8%	433	1.9%
Brattleboro	13.0%	436	16.7%	319	3.7%
Burlington	11.5%	2,101	12.6%	1,870	1.1%
Middlebury	12.4%	169	13.0%	153	0.6%
Morrisville	12.1%	476	14.0%	329	1.9%
Newport	12.4%	1,140	14.6%	1,004	2.2%
Randolph		43			
Rutland		107		94	
Springfield	12.4%	858	14.8%	848	2.4%
St Albans	11.9%	554	13.7%	577	1.8%
St Johnsbury	12.8%	346	15.7%	353	2.9%
White River Jct		60	12.6%	277	

* Cells with less than 11 in the numerator or less than 30 in the denominator are left blank due to either insufficient data or confidentiality requirements.

Patient Experience Survey: Access to Care Composite

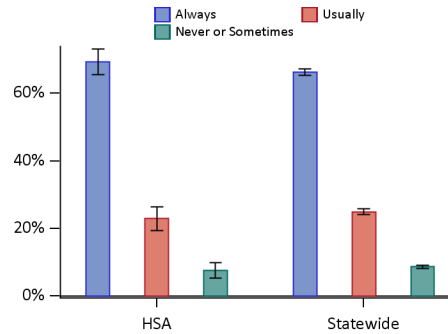


Figure 44: Presents the composite proportion, including the 95% confidence interval, of the given response to the questions associated with Access to Care for members 18 years and older. The composite proportion is given by the average of the corresponding proportions of the associated questions.

Table 12. Patient Experience Survey: Access to Care Questions

Question & Answer		HSA			Statewide		
		N	%	Error (+/-)	N	%	Error (+/-)
In the last 6 months, when you contacted this provider's office to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed?	Always	166	72%	7%	2,954	69%	2%
	Usually	166	20%	6%	2,954	22%	2%
	Never or Sometimes	166	8%	4%	2,954	9%	1%
In the last 6 months, when you contacted this provider's office during regular office hours, how often did you get an answer to your medical question that same day?	Always	176	64%	7%	3,486	59%	2%
	Usually	176	27%	7%	3,486	29%	2%
	Never or Sometimes	176	9%	5%	3,486	11%	1%
In the last 6 months, when you made an appointment for a check-up or routine care with this provider, how often did you get an appointment as soon as you needed?	Always	293	72%	5%	5,078	71%	1%
	Usually	293	22%	5%	5,078	23%	1%
	Never or Sometimes	293	6%	3%	5,078	6%	1%

Patient Experience Survey: Communication Composite

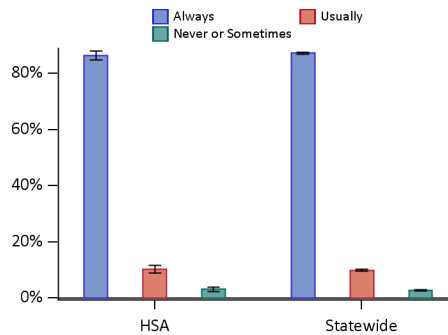


Figure 45: Presents the composite proportion, including the 95% confidence interval, of the given response to the questions associated with Communication for members 18 years and older. The composite proportion is given by the average of the corresponding proportions of the associated questions.

Table 13. Patient Experience Survey: Communication Questions

Question & Answer		HSA			Statewide		
		N	%	Error (+/-)	N	%	Error (+/-)
In the last 6 months, how often did this provider spend enough time with you?	Always	463	84%	3%	7,603	85%	1%
	Usually	463	12%	3%	7,603	12%	1%
	Never or Sometimes	463	4%	2%	7,603	3%	0%
In the last 6 months, how often did this provider show respect for what you had to say?	Always	463	89%	3%	7,616	90%	1%
	Usually	463	8%	3%	7,616	7%	1%
	Never or Sometimes	463	3%	2%	7,616	2%	0%
In the last 6 months, how often did this provider explain things in a way that was easy to understand?	Always	464	86%	3%	7,616	87%	1%
	Usually	464	11%	3%	7,616	11%	1%
	Never or Sometimes	464	3%	2%	7,616	2%	0%
In the last 6 months, how often did this provider listen carefully to you?	Always	464	87%	3%	7,612	87%	1%
	Usually	464	10%	3%	7,612	10%	1%
	Never or Sometimes	464	3%	2%	7,612	3%	0%

Patient Experience Survey: Coordinated Care Composite

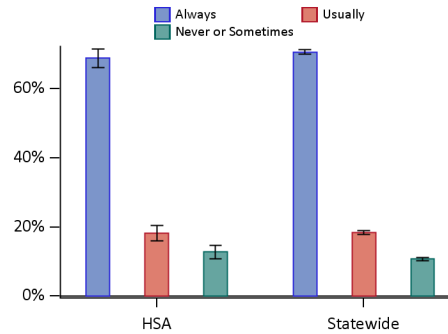


Figure 46: Presents the composite proportion, including the 95% confidence interval, of the given response to the questions associated with Coordinated Care for members 18 years and older. The composite proportion is given by the average of the corresponding proportions of the associated questions.

Table 14. Patient Experience Survey: Coordinated Care Questions

Question & Answer		HSA			Statewide		
		N	%	Error (+/-)	N	%	Error (+/-)
In the last 6 months, when this provider ordered a blood test, x-ray, or other test for you, how often did someone from this provider's office follow up to give you those results?	Always	311	72%	5%	5,131	74%	1%
	Usually	311	16%	4%	5,131	16%	1%
	Never or Sometimes	311	12%	4%	5,131	10%	1%
In the last 6 months, how often did you and someone from this provider's office talk at each visit about all the prescription medicines you were taking?	Always	391	60%	5%	6,192	64%	1%
	Usually	391	20%	4%	6,192	19%	1%
	Never or Sometimes	391	20%	4%	6,192	17%	1%
In the last 6 months, how often did this provider seem to know the important information about your medical history?	Always	461	75%	4%	7,582	74%	1%
	Usually	461	18%	4%	7,582	20%	1%
	Never or Sometimes	461	6%	2%	7,582	6%	1%

Patient Experience Survey: Office Staff Composite

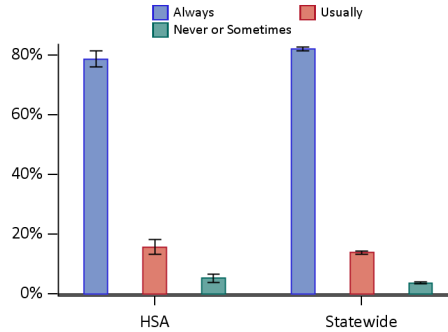


Figure 47: Presents the composite proportion, including the 95% confidence interval, of the given response to the questions associated with Office Staff for members 18 years and older. The composite proportion is given by the average of the corresponding proportions of the associated questions.

Table 15. Patient Experience Survey: Office Staff Questions

Question & Answer		HSA			Statewide		
		N	%	Error (+/-)	N	%	Error (+/-)
In the last 6 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect?	Always	460	85%	3%	7,555	89%	1%
	Usually	460	12%	3%	7,555	9%	1%
	Never or Sometimes	460	4%	2%	7,555	2%	0%
In the last 6 months, how often were clerks and receptionists at this provider's office as helpful as you thought they should be?	Always	461	73%	4%	7,548	76%	1%
	Usually	461	20%	4%	7,548	19%	1%
	Never or Sometimes	461	7%	2%	7,548	5%	1%

Patient Experience Survey: Self Management Composite

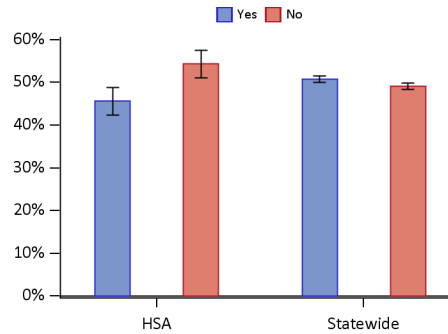


Figure 48: Presents the composite proportion, including the 95% confidence interval, of the given response to the questions associated with Self Management for members 18 years and older. The composite proportion is given by the average of the corresponding proportions of the associated questions.

Table 16. Patient Experience Survey: Self Management Questions

Question & Answer		HSA			Statewide		
		N	%	Error (+/-)	N	%	Error (+/-)
In the last 6 months, did someone from this provider's office ask you if there are things that make it hard for you to take care of your health?	Yes	447	35%	5%	7,467	41%	1%
	No	447	65%	5%	7,467	59%	1%
In the last 6 months, did someone from this provider's office talk with you about specific goals for your health?	Yes	454	56%	5%	7,520	60%	1%
	No	454	44%	5%	7,520	40%	1%

Patient Experience Survey: Specialist Composite

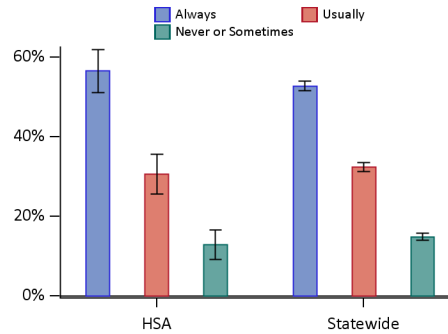


Figure 49: Presents the composite proportion, including the 95% confidence interval, of the given response to the questions associated with Specialists for members 18 years and older. The composite proportion is given by the average of the corresponding proportions of the associated questions.

Table 17. Patient Experience Survey: Specialist Questions

Question & Answer		HSA			Statewide		
		N	%	Error (+/-)	N	%	Error (+/-)
In the last 6 months, how often was it easy to get appointments with specialists?	Always	148	54%	8%	2,718	47%	2%
	Usually	148	31%	8%	2,718	35%	2%
	Never or Sometimes	148	15%	6%	2,718	19%	1%
In the last 6 months, how often did the specialist you saw most seem to know the important information about your medical history?	Always	202	59%	7%	3,718	59%	2%
	Usually	202	30%	7%	3,718	30%	1%
	Never or Sometimes	202	11%	5%	3,718	11%	1%

Patient Experience Survey: Information Composite

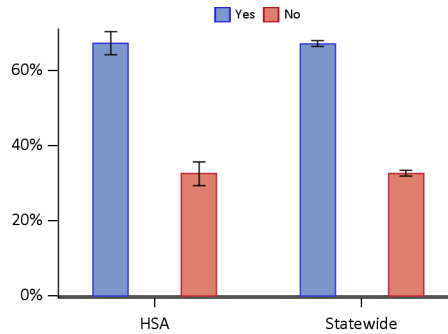


Figure 50: Presents the composite proportion, including the 95% confidence interval, of the given response to the questions associated with Information for members 18 years and older. The composite proportion is given by the average of the corresponding proportions of the associated questions.

Table 18. Patient Experience Survey: Information Questions

Question & Answer		HSA			Statewide		
		N	%	Error (+/-)	N	%	Error (+/-)
Some offices remind patients between visits about tests, treatment or appointments. In the last 6 months, did you get any reminders from this provider's office between visits?	Yes	455	64%	5%	7,494	63%	1%
	No	455	36%	5%	7,494	37%	1%
Did this provider's office give you information about what to do if you needed care during evenings, weekends, or holidays?	Yes	456	71%	4%	7,487	71%	1%
	No	456	29%	4%	7,487	29%	1%

Table 19. HSA Practice List

VT Practice ID	Practice Name
VT18	Ludlow Health Center
VT19	Charlestown Family
VT201	Mountain Valley Medical Clinic
VT24	Chester Family Practice
VT25	Rockingham Medical Group
VT63	Springfield Community Health Center